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ABSTRACT

Providing instructor and participant materials, this training manual presents specialized information about the prevention of abuse in family foster care. Focal concerns are (1) the dynamics of abuse in general and in foster families particularly; (2) the need for prevention related activities on a systems level, for adequate training and supports for foster families, and for consistency and clarity of expectations; (3) worker's tasks such as identifying high risk children, assessment and matching for placement, use of individualized contracting, and picking up on danger signals; and (4) worker's role in helping foster parents with behavior management, including alternatives to physical discipline and ways of clarifying expectations for discipline. The manual discusses the licensing worker or foster home developer's role of supporting the foster home, developing resources for foster parents, and monitoring quality of care. Appendices provide information about liability for inadequate foster care services, foster parents' rights to share in decision making for the foster child, diagrammatic assessment of family relationships, development of support systems for foster families, guidelines for foster parents, what the Bible says about punishment, discipline and behavior management, the abused and neglected adolescent, mismatching of foster parents and the sexually abused preschool child, and talking with foster parents about sexual abuse. (RH)

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PREVENTING ABUSE IN FAMILY FOSTER CARE.....

prepared for the

INSTITUTE FOR THE STUDY OF CHILDREN AND FAMILIES
in conjunction with
THE SOCIAL WORK DEPARTMENT
Eastern Michigan University

ED265940

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INSTRUCTOR'S MANUAL

PS 015592

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PREFACE

The focus of this training manual is on the prevention of abuse in family foster care. It is intended for foster care staff; licensing workers, foster home developers, placement workers, ongoing workers, and foster care supervisors and consultants. It is designed to provide staff with specialized knowledge for prevention focused practice.

- The dynamics of abuse in foster families will be a focal point. The general knowledge we have about abuse in families forms a base for understanding. However, the factors unique to the foster care situation will be examined in greater depth.

- The need for prevention related activities on a systems level, adequate training and supports for foster families, consistency and clarity of expectations will be examined.

- The worker tasks such as identifying high risk children; assessment and matching for placement; use of individualized contracting; picking up on "red flags" will be examined.

- The worker's role in helping foster parents with behavior management will be explored, including alternatives to physical discipline and ways of clarifying expectations for discipline.

A very important part of the solution to the problem of abuse in foster family care lies in the area of foster home recruitment and licensing. As licensing regulations differ from state to state, this manual will not focus on licensing issues, other than to recommend Guidelines for Licensing Family Foster Homes,* which covers both the preventive aspects of licensing and complaint handling. This manual will discuss the licensing worker or foster home developer's role of supporting the foster home, developing resources for foster parents, and monitoring quality of care.

*Krause, K. Guidelines for Licensing Foster Family Homes. School of Social Work, Virginia Commonwealth University, 1001 W. Franklin Street, Richmond, VA 23284: 1981.

Similarly, the main task of ongoing foster care staff, permanence planning, will not be addressed, as there are many excellent materials already in use. Lack of permanence planning is maltreatment of foster children by the system. This manual attempts to develop practice methods which will assure that children are not harmed during the period while they are waiting for permanent homes.

As the focus of the manual is on prevention, the role of the protective service worker in investigating abuse complaints will not be a focal point. However, it is hoped that some of the materials on assessment and dynamics of abuse in foster homes can deepen the investigative worker's knowledge base. The emphasis is on preparing foster care staff to identify stress points and problematic interactions between foster parents and foster children so that timely preventive plans can be implemented.

In any publication, the issue of sexism in language arises. Do we use the traditionally correct but sexist masculine pronoun? Do we use awkward phrases such as she/he, him or her? We have compromised by alternating, from session to session, references to the child as "her" with references to the child as "him." This reflects not only the constraints of language but also the reality that both female and male children are abused in foster homes.

The author wishes to thank the many people who participated in the development of this manual. Over 250 people participated in the initial training sessions and provided valuable critiques and feedback. Many offered the "Preventing Abuse In Foster Care" training in their own states and used their experience for further suggestions. Other people read the draft and provided many valuable ideas. There is no way to thank the more than three thousand people who helped. Hopefully, many children in foster care will be the direct beneficiaries of their efforts.

Finally, it is important to remember that the vast majority of foster parents do an excellent job, often under very difficult circumstances. Good foster parents are as concerned as foster care staff about preventing maltreatment of foster children. They will be our strong allies as we address the problem in a team approach.

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INTRODUCTION

GENERAL PROCEDURES AND TECHNIQUES

Preventing Abuse in Family Foster Care has been developed by the National Foster Care Education Project, Eastern Michigan University for the purpose of training foster care staff.

The following material provides a general framework to use with all the modules in the training manual. It is designed to provide the instructor with an overview of approaches, the Project staff, and members of the Social Work faculty have found useful in working with child welfare practitioners with varying degrees of experience working in a variety of roles and agencies. These procedures are suggestions, or guidelines. The greatest contribution of any trainer is an ability to assess the participants and bring them what they most need. The trainer is encouraged to use these materials creatively, to expand or elaborate on them as needed, and to make them his or her own, while meeting the unique needs of the participants.

TRAINING CHILD WELFARE STAFF

Typically child welfare staff come to training to have specific questions answered, because training was recommended or required. As competent people, accustomed to making critical decisions and functioning well in their jobs, some workers may resent the implied subordination in the student role. The effective trainer clearly acknowledges that he recognizes and appreciates the competence of the participants. In addition, he emphasizes that learning can be fun. The worker does not need to suffer in order to learn. Although some of the training content may be painful or anxiety provoking, the support of the trainer and the entire group, assists the participant in trying new approaches and new ideas.

Child welfare staff generally come to training with a backlog of demanding tasks back at the office. They want the training to be useful, and to make their work more effective and less difficult. If the training does not have practical value, it will be seen as a waste of time. While staff do not want a great deal of "theory", they are eager to keep abreast of new knowledge--as long as it relates to their work and can improve their skills. Some staff are skeptical or resistant to new approaches because they feel they do not have a clear mandate to incorporate new techniques, or, more likely because they already feel overburdened with high priority tasks. The trainers acknowledgement of the realities of the workplace, and the collective support of the group creates a positive climate for learning.

The workers, in a very real sense, are the "experts". They are closest to the issue of abuse in foster care, and bring a wealth of case material and practice experience. Whenever possible, their case material should take precedence over case vignettes in the manual. Their immediate concerns should be addressed through group discussion which draws on the manual's concerns and the realities of their work lives.

This process maximizes the participation of each person, assures the relevancy of the discussion to the immediate needs of the participants, and reassures them of their competency and ability to deal with various situations. It has its dangers, especially in dealing with emotionally laden issues. There is always a tendency for the class to use the time available to ventilate their feelings without constructively addressing the problem. The trainer must tolerate some airing of feelings, but strive to refocus the issues. If participants are continuously cut off, they will soon feel they should not contribute. Some will tend to ramble but eventually make a contribution. A tolerant and supportive trainer who guides the discussion and then summarizes the salient points assures that each participant is receiving what he most needs.

Adults, like all students, often need to hear new material several times before accepting and incorporating it. We all need to hear the same thing said many times in many ways. The trainer need not fear repetition. Not only is it necessary for initial learning, but once something has been learned we usually find that each time we come back to it we discover new facets and new areas to which we can apply it. The organization of course content into a number of important points underscores commitment to learning through repetition. Typically, each point will surface or resurface thematically through the weeks of training.

Teaching through group discussion is probably the hardest way to teach but when successful, is the most rewarding in that the participants not only learn more but learn in a way that is emotionally satisfying. They can use the material to effectively alter their lives. However, the good group leader does not simply rely on the participants to contribute and hope for the best. She carefully prepares the ways in which she will be able to elicit the most meaningful contribution but is willing to alter her plans if a more fruitful approach emerges from group discussion. This manual supplies a structure for discussion. The sensitive trainer will guide discussion until people are comfortable in completing the answers. Some of the ways the trainer can encourage meaningful group participation and techniques that have been successfully used in staff training are discussed below.

THE PHYSICAL SETTING

Training rooms should be selected to comfortably hold twenty to twenty-five participants. In order to assure maximum participation, seats should be arranged either around one large table or in a circle unless special arrangements are suggested for a particular session. The instructor should be seated so that he is one of the participants. If there are two instructors, or if a special resource person is present, they should sit on opposite sides of the circle. Participants should be encouraged to address their remarks to the group rather than to the instructor.

If at all possible, there should be coffee available. If the site does not have coffee, one of the first tasks of the group might be to decide if they would like to have coffee and how they should divide the responsibility for buying and preparing it.

Smoking can be a problem. Unfortunately, smokers are most comfortable when allowed to indulge their habit but may seriously discomfort non-smokers in the group. The best solution is a well-ventilated room with smokers in one half of the circle and non-smokers in the other. If smoking is not allowed in the classroom, there should be a break, or smokers should feel free to stand in the doorway at any time they need to smoke.

If the participants are encouraged to get up to get coffee, leave the room when they like, and are allowed to smoke, it is not always necessary to have a break in a two hour session. Although the break gives people an opportunity to stretch and move about, it may be difficult to continue the discussion. This can be useful to the instructor if the class has lost the point or is rambling. After the break he can refocus class attention on the crucial issues or begin a new activity.

Overall, the instructor should do everything possible to assure that participants are comfortable. This includes being comfortable with each other. Providing each person with a name tag and involving them in the group discussion as early as possible serves to increase trainee comfort with one another.

ESTABLISHING GOOD PROCEDURES

The first training session is the crucial time for establishing the right atmosphere for optimal learning and establishing good procedures. It is very important that each and every person be made to feel comfortable and encouraged to participate.

The instructor's opening remarks should include the following points:

1. We are all here to learn because we want to help children in foster care, especially those at risk of being abused. A statement of the goals of the course is appropriate here.

2. Although we have an important and serious task, the process of learning can be fun. It need not be unpleasant to do us any good.

3. You as a group already have had a great deal of experience in foster care practice, most of it successful. It is important that we all share our experiences with each other.

If the instructor can honestly say that he hopes to learn as much from the group as they do from him, he should add this.

Unfolding: As soon as possible, the instructor will want to get each person to participate. The suggested technique for doing this is to have each member of the class introduce himself and describe his background. A few people object to this procedure, feeling it is a waste of time, so it is important to let the class know why they are going through this exercise. The instructor should point out:

1. Through the process of sharing information about ourselves we begin participating in the class.

2. As we listen to others, we find that we usually have something in common with everyone else and often a lot more than we had supposed.

3. The process of sharing helps to begin to focus on ourselves and experiences.

4. No one need tell anything that would make them feel uncomfortable or which he is reluctant to share with the group.

5. Each person should take not more than three to five minutes.

The instructor then lists the things that he hopes each will cover and starts the process by describing himself. The instructor's own unfolding always sets the tone and establishes a model for the workers' participation. If the instructor omits a point, participants usually skip it; if the instructor adds a point, participants often add it too.

Selecting out the topics to be described by the participant is the instructor's first opportunity to use his creativity to help them focus on their own feelings about the topics of the course. His ability to respect each person's contribution provides the class with a model for how they will treat each other.

Recall: After everyone has introduced himself, it is useful to go back around the room asking what people recall about each person starting with his name. Many instructors find that both processes take up too much time for the first session. Waiting until the second session for recall not only allows time to introduce some content into the first session but helps people to loosen up and continue to participate at the beginning of the second session.

In order to encourage as much interaction as possible, the instructor may ask if anyone objects to the rest of the class having his name, address and telephone number. A list can be prepared and distributed to the class at the second meeting. This becomes especially useful if an emergency arises and class has to be cancelled or postponed. It also encourages the trainees to talk together outside of class and to collaborate on assignments.

TEACHING TECHNIQUES

Each instructor develops his own style. Good teaching, like good parenting, does not consist of following a rigid set of rules. Rather each teacher develops techniques with which he feels comfortable, evaluating the usefulness of the technique on his ability to use it to stimulate his students

to share relevant experiences around particular issues, evaluate the various alternatives available to them, and plan how to implement one of these in solving problems.

The instructor's main task then is to stimulate participation. However, as the participants find support from the class for their experiences and feelings they may try to use class time to release many of their feelings. For many workers this will be the first time they ever felt comfortable talking about their feelings about their work or ever had such a sympathetic audience.

The instructor can focus participation by:

1. Introducing the topic under discussion for the session and relating it to previous topics,

2. Asking questions that lead the participants to relate their own experiences to the topic to be discussed,

3. Summarizing a participant's statements with emphasis on its relevancy for the topic,

4. Reminding participants who talk on and on that they were making a specific point,

5. If necessary, assuring a participant that although her contribution is interesting, the class has a specific topic they wish to discuss and they must return to that,

6. Summarizing, or better yet, asking the class to summarize the way in which the topic for the evening was covered, and

7. Showing how points covered on a particular topic relate back to other topics or how they will be discussed further under a new topic heading.

In addition to group discussion, there are many other techniques that generate interest and increase participation. Most of these will not be new to the instructor but he can think about ways in which they might be used to present or explore particular topics. These techniques are presented in a general form below. Specific ideas are presented at the beginning of individual sessions.

Reading Materials: The manual assumes little outside reading other than the readings included in the appendices. Many workers do not have time for extensive reading. Those who do outside reading should be encouraged to share with the other staff.

Assignments: Workers should be encouraged to read the materials in the appendices. Other assignments may include trying out one new approach and reporting back on its usefulness, identifying or developing a resource in the agency or developing a plan for a problematic situation they have discussed in the session. Be sure to allow adequate time for providing feedback on assignments.

Role Playing: One of the best techniques for helping participants develop new ideas and to see things from a new vantage point is role playing. At the beginning, some participants may feel a little uncomfortable about role playing and find it unproductive. With more experience, participants may be given role assignments and a situation and allowed to spontaneously develop their own lines. The class may be broken into small groups and each group given a different situation to do for the whole class or each group may be given a different role and discuss how one of their members should act out his part. Playing a certain role may trigger fairly intense feelings in a person. Part of the instructor's task is to help the participants articulate and handle the affect engendered by the role play, while constructively using the feelings to build empathy.

Brainstorming: This is a set of techniques used for creative problem solving or generating new ideas. The instructor provides the following ground rules for participants:

There are no right or wrong answers; any idea, no matter how far fetched, is acceptable.

No verbal or non-verbal approval or disapproval is given for any ideas.

All ideas are visually listed, written on blackboard, newsprint, etc.

Long pauses or silences are encouraged, as quiet engenders creativity.

A session runs from 20 minutes to half an hour to allow sufficient time.

Brainstorming can be a useful technique when a worker presents a problem for which there is no easy answer. It helps the trainer avoid the "expert" role.

Following the brainstorming session participants may then select the most useful ideas generated. They may discuss how they could implement some of these ideas. It may be useful to sort the ideas into related categories and allow for small group discussion.

Multi-Media: Movies, tapes, and slide presentations that can stimulate discussion on particular topics are sometimes available. If the instructor has access to a tape recorder or video-taping materials, these can be used successfully in allowing participants to critically observe their role playing or other activities and decide how they might want to change.

Small Groups: Dividing the class into small groups has been discussed above, but is also useful for more intensive discussion around specific topics. These topics will vary, and may be established by a number of criteria. It may also be useful at times for small groups to all focus on the same topics, not for the purpose of dealing with a variety of specialized issues, but rather to afford all trainees an opportunity for more intense involvement than is possible in large group discussion.

The instructor should make sure that each group has a specific topic and a clear idea of what they are trying to accomplish. To maintain the group process of the class as a whole and to focus the small group discussion, it is useful to ask each small group (or a designated member) to report back to the class as a whole on the important points of the small group discussion.

Implementation of Techniques: The above techniques are suggestions to increase the usefulness of the manual by maximizing the involvement and participation of the participants. The suggestions, along with the material provided in the manual, should be useful in helping the instructor develop an interesting and useful course. However, each instructor is responsible for evaluating the materials and using them in the way he feels is most beneficial to his participants. The decisions he makes about materials and techniques, and his order of presentation should be based on his professional judgement as to the participants' needs and what will be most beneficial in helping them grow and learn. He should consider his own strengths and limitations and select those techniques with which he will be most comfortable, while feeling free to experiment with a variety of suggested techniques to enhance his own skills.

GENERAL THEMES

The Ecological Systems Perspective

We do not assume linear cause-effect relationships, but instead examine configurations of variables which contribute to the potential for abuse. We examine families as systems which exist in space, over time and are constantly changing and adapting. Similarly, the workers behavior is related to the complex interactions of the organization and community in which he works. If we acknowledge multi-causality and equifinality, there is no one right answer to a given situation.

Policy: Since policy differs from one agency to another, the material in the manual does not discuss specific agency policies. When questions about policy arise in class the instructor can assign one or more participants the task of finding out what a particular agency's policies are. It is part of the worker's role responsibility to know his own agency's policy, or to advocate for policy change, if necessary, to protect children.

How We View the Child: It is important that worker and the foster parent regard each child as a child first and as a foster child second. All children are more alike than different. If the child has a physical, emotional, or mental handicap, he is still a child with all the needs of a child. All children progress through a series of developmental stages with corresponding growth, stress, and challenges. Children in foster care have the same needs and follow the same patterns as other children. The particular traumas a child has experienced or his exceptional characteristics may mean that he will develop at a somewhat different pace than other children. Sometimes behavior typical of a particular stage becomes problematic especially if the child is chronologically older than one for whom this behavior is typical or if the behavior is more frequent or exaggerated than usual. To the extent that foster parents can view a child's behavior as more normal than abnormal even when it is disruptive, they will be more easily able to cope and to help the child move to more appropriate behaviors. While we must be able to identify the high risk characteristics of the child, we still see the uniqueness of the child.

The Foster Parent's Role: There is a growing discussion about the feasibility of redefining the role of the foster parents. Suggestions as to new role models include foster parents being viewed as:

1. Agency employees
2. Volunteer service providers
3. Independent service providers from whom the agency purchases service.

Although these models differ, there is agreement that the foster parent is the direct service provider to the child, a member of the team, rather than a quasi-client. The foster parent's job includes working with the caseworker, natural parents, if possible, and other professionals to assess and plan for the child. Foster parents are recognized as having special skills and knowledge whose input and participation in decision making is integral in providing good service to the child. They should expect to receive the information they need to work with the child, be given adequate time to prepare the child for changes, and to be kept informed of any pending changes in the child's situation. The motivations they may have are irrelevant except when they manifest themselves in behavior that interferes with adequate job performance or when they indicate a potential that a child may be at risk.

The Worker's Role: The foster parent's responsibility is to provide the direct services which ensure the child's safety and well-being while permanence plans are being developed and implemented. The worker's role is to establish open communication and clear expectations with the foster families. The importance of direct contact and observation of the child in the foster home is underscored. Adequate contact with child and foster parent will enable the worker to assist the foster parent in understanding and managing the behavior of the high risk child, and will help the worker in the tasks of prevention. It is important to emphasize the team approach, and for the worker to view foster parents not as adversaries, nor as clients, but as competent people in a stressful situation.

It is useful to establish a norm that workers ask for supervisory consultation or staffing at critical decision or assessment points (e.g., identifying a high risk child, placement, identifying "red flags", etc.). Similarly, licensing and on going workers should work closely together in the assessment and monitoring of the foster homes.

The Supervisor's Role: The supervisor is responsible for the overall quality of care received by foster children. The supervisor allocates resources by assigning the most experienced workers to difficult tasks such as placement of high risk children or utilizing staff time to develop foster parent training and other supports. Identified prevention points (e.g., licensing, placement, observation of "red flags", etc.) should immediately signal to the worker a need for supervisory consultation and approval. Often, a worker will have an intuitive reaction that all is not well, but will need supervisory help in assessing and clarifying the situation. Finally, the supervisor monitors written records to assure that foster homes are in

compliance, that workers are making adequate face to face contact in the foster home, and that the medical and other services needed by the child are being provided.

The Trainer's Role: The instructor in many instances represents the best of professional practice to the participants. Whenever possible, the instructor should draw on his own practice experience to establish his credentials with the workers. The instructor models the team approach--as used with foster parents, or as used in the agency between workers. The instructor additionally establishes a norm supporting the use of supervision and consultation on difficult cases. By demonstrating support and establishing a climate of professional growth in the training groups, the trainer can model the benefits of supervisory consultation. Workers need to know that difficult decisions are best made with the help of consultation, and that it is a sign of competence--not inadequacy--to ask for help.

Thus, while much of the group's learning results from sharing of experience in group discussion and acquiring content material, the instructor should not overlook the process of identification and his impact in modeling growth-oriented philosophy as an integral component of training and professional development.

Specific instructions for the training are included with the material for each session. Please keep in mind that we expect you to be flexible in using the materials, and to adapt them to meet the needs of your group. The Project staff hopes that you and the participants will enjoy the experience and learn much from each other. We especially hope that all of the participants will be able to better serve children by preventing abuse in family foster care.

PREVENTION OF ABUSE IN FAMILY FOSTER CARE

Overview for Trainers

During the last few decades, there has been increased awareness of the extent to which children in our society are abused, sexually exploited or in other ways mistreated by their parents and other adult caregivers (Kempe, et al., 1962; American Humane Association, 1981). As the extent of the problem has become known, both federal and state agencies have taken steps to prevent or control incidence of abuse. The legal obligation to report abuse, along with expanded ideas about what constitutes abuse, have resulted in increased numbers of cases (Gil, 1975; Polier, 1975; American Humane Association, 1981). Typically, the preferred treatment for abuse is to work with the family either to alleviate family disfunction (Green, et al., 1974; Geismar, 1978), reduce situational pressures leading to abuse (Pelton, 1978) or to cure individual pathologies resulting in abuse (Visteral, 1978). In some cases, protection of the child necessitates that the child be at least temporarily removed from parental influence. The preferred alternative in most cases is to place the child in a family foster home (Horejsi, 1979; Kadushin, 1980).

Approximately 500,000 children are in care during a given year (Children's Defense Fund, 1978). A substantial proportion of these children are in care as a result of parental abuse, maltreatment or neglect (American Humane Association, 1981). Another substantial proportion are children whose own behavior has led to placement (Gruber, 1978; Fanshel and Shinn, 1978). Many have handicapping conditions which make it difficult to care for them (Gruber, 1978).

Abuse in Foster Homes

Unfortunately, a significant number of children are abused and/or neglectd while in foster care. The extent of abuse is unknown. Foster families hide abuse from workers. Workers suspecting abuse or maltreatment may remove a child from the foster family. Although most states require that a worker submit a complaint, many workers are uncomfortable in doing so, and are unsure as to how to proceed. Often, when a formal complaint is lodged, the family voluntarily drops their license and the complaint is never substantiated. A study of substantiated cases of foster parent abuse in New York City (Vera Institute of Justice, 1981), found a rate of 8 per 1,000. They estimate this to be approximately twice that of the substantiated abuse complaints for the population of children as a whole.

The reasons underlying abuse and neglect in foster care are diverse. Some of these are the same as those underlying violence and child abuse in other types of families (Vera Institute of Justice, 1981). They range from specific individual pathologies to interpersonal interaction patterns to societal and cultural norms supporting violence and intentional harm to children (Gelles, 1978; Gil, 1975; Parke, 1977). A society which places heavy emphasis on violence, which supports the belief that children must be beaten for their own good, gives general support for child abuse (Parke, 1977). Additionally, societal practices fail to provide economic support to families, isolate families and make it difficult for some families to have the necessary

resources for the healthy growth and development of children (Pelton, 1981). Some children are especially difficult to care for (Gruber, 1978; Friederich and Boriskin, 1976). Some parents have little knowledge of parenting skills, abused by their own parents they continue the same way. The ways in which such patterns result in child abuse, scapegoating, and incest are well documented (Bender, 1976; Green, 1978; McFadden, 1978).

Although foster families may not be as vulnerable to some of these factors as other families, they may be more vulnerable to others. Board payments for foster children are below the costs of keeping the children, stretching family resources. Many needed services are unavailable to foster children. The foster family find they are excluded from neighborhood activites if their acceptance of foster children is perceived as a threat. Few states make provisions for upgrading foster parenting skills through training (Warren, 1981). Foster parents are exposed to the same cultural violence as others in our society. Some of them received physical discipline as children and use physical punishment on children "for their own good." Some may withhold meals or resort to other practices that affect the health and well-being of the children in their care. Although many states, not all, have regulations against spanking and other forms of physical punishment, many foster parents feel they should treat foster children just like their own, and that includes spanking.

Additionally, foster children may bring special problems with them as they come into care. Suffering from separation and having been raised in a subculture which is often very different from that of the foster family, they may engage in behaviors which are worrisome and annoying to the foster families (Fahlberg, 1979; Ryan, 1978). Some are in care because of difficult behaviors including hyperactivity and emotional impairment. Many adolescents have been taken into care for status offenses. Some are handicapped, making their care more difficult and adding stress to the family situation (Gruber, 1978; Friedrich and Boriskin, 1976). Others are provocative and sexually seductive (Veresh, 1978). Foster parents who are unaware of such patterns may find themselves caught up in them.

Recently, new awareness of sexual abuse or exploitation of children (Stovall, 1982; Kempe, 1978) and of adolescent abuse has surfaced (Ziefert, 1981). The Vera Institute of Justice (1981) reported three out of seventy-three cases involved sexual abuse. Sexual exploitation may involve one of the foster parents, one of the natural children in the family or another foster child as the exploiter. Foster families have a number of unrelated individuals of different ages. The incest taboo may not be salient. Children testing their emerging sexuality, needy for affection or who have been taught seductive behavior may arouse frightening feelings in adults (Veresh, 1978). Foster parents must be sensitized to their own reactions and to indications of exploitation among children.

Preliminary data suggest that adolescents are high risk for abuse in out-of-home placement. The developmental and interactional issues related to abuse of adolescents by their parents continue to impact on the teen in placement. Foster parents may react too strongly to the adolescent's need for self-assertion and experimentation. Typically, adolescents are viewed as more difficult to place.

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SESSION 1

AN OVERVIEW OF CHILD MALTREATMENT IN FAMILY FOSTER CARE

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Distribute manuals.
2. Introduce the purpose of training and session objectives.
3. Describe training format.
4. Introduce self and participants.
5. Provide overview of abuse in foster family care.
6. Identify key prevention points.
7. Assign supplemental reading.

Methods:

1. Place manuals on tables so that as participants arrive they may begin examining them. When welcoming the workers, explain that the manual is theirs to keep, and ask that they write their names in it.
2. When the group is assembled, review the purpose of the training, and the objectives of Session One. (The participants should be looking at the Preface, and page 1 in the manual).
3. Discuss with the group the methods that will be used to maximize the learning in the training sessions:
   a. Structure of time (e.g., 2 hour sessions each week, or 4 hours of training every other week, etc).
   b. The manual will allow for assimilation of concepts and techniques, as well as for the expertise of the participants' experience. Workers are encouraged to take notes so they have a permanent record of training.
   c. Members of the training group will be expected to participate in group discussions and activities as a way of sharing their knowledge.
   d. Each participant is expected to read and review the manual, and the appendices during the course of the training.

4. Unfolding: Introduce yourself to the group relating your practice experience and questions and concerns you have about preventing abuse in foster family care. Invite each participant to introduce himself in the way you introduced yourself. There is space in the manual to jot down information about self and others. After the introduction summarize what you have learned from the group and what their concerns seem to be.

5. Mini-lecture: "What is the problem?"
During the mini-lecture, you can encourage dialogue by asking for questions and examples. The mini-lecture can include:
   - data from survey of states.
   - data from own state, if available.
   - variables which contribute to the potential for abuse.
   - liability issues (see Appendix A).

   Discussion: "Barriers to Addressing the Problem"
Ask participants to discuss, from their own experience, some of the problems in addressing the issue, such as fear of losing foster parents, damaging the reputations of good foster parents, etc. Encourage participants to write or summarize in their manuals, particularly those issues idiosyncratic to their own agency.

   The subject matter may generate worker anxiety or frustration, so you may want to ask trainees to air their feelings or to note them in the manual for future reference.

6. Group Exercise: "What Can I Do About the Problem?"
Using the Key Prevention Points Chart, divide into small groups. Ask the groups to list their tasks, and how each task helps to prevent abuse. When small group discussion is completed, summarize and list on the board, indicating that trainees can fill in the chart in the manual and write summary notes.

7. Assign or suggest Besharov's reading on liability from Appendix A, for deepened understanding of Session I.

SESSION 1

AN OVERVIEW OF CHILD MALTREATMENT IN FAMILY FOSTER CARE

Welcome to the first session of "Preventing Abuse in Family Foster Care." We will be working together in this session to reach the following objectives:

- Achieve an initial understanding of the nature and incidence of maltreatment in family foster care.
- Identify key prevention points and worker activites for the prevention of abuse in family foster care.

In order to achieve our goals, there will be a variety of discussions and activities in the training. You are asked to bring this manual with you, and to jot down important points in it as they come up. At the end of the training, you will have completed your own handbook which you will keep as a reference.

In the first session we will be answering two questions:

What is the problem?

What can I do about it?

Getting To Know Each Other

Since we will be working together it is important that we learn about each other and feel comfortable. List the things about yourself you will be sharing with the group.

Name and experience in foster care practice.

Concerns about preventing abuse in family foster care.

The space below can be used for notes about the others in the group.

WHAT IS THE PROBLEM?
Survey on Abuse and Neglect in Foster Care*

by Patricia Ryan

In order to ascertain the scope of the problem, the National Foster Care Education Project surveyed all 50 states. Thirty-three states responded by mail. The other seventeen were called and the questionnaire filled out from the information received over the phone. The 50 states reported a total of 137,389 family foster homes. Those data did not include Washington, D.C., Puerto Rico or other territories outside the jurisdiction of one of the 50 states. Each state was asked to specify the number of abuse complaints. They were also asked to report on licensing or screening procedures designed to prevent maltreatment, worker and foster family training, policies and discipline and procedures when maltreatment complaints had been substantiated. Twenty states sent materials describing discipline policies or licensing procedures.

Complaints Against Foster Homes

Unfortunately, a significant number of children are abused or neglected while in foster care. The extent of abuse is unknown. The Vera Institute of Justice's study of substantiated abuse in New York suggests a rate of 8 per 1,000 children in care, approximately twice that of the population of children as a whole. Survey results were not complete, but suggest a wide range of substantiated abuse complaints. Each state was asked to report the number of complaints per 1,000 homes. Twenty-seven states provided data. The number of complaints ranges from 3 per 1,000 to 67 per 1,000. Substantiated abuse complaints range from 2 per 1,000 to 27 per 1,000. In four states, substantiated abuse rates are over 18 per 1,000 foster homes.

Discipline Policies

Eleven states reported that they had no state discipline policy for foster families. Of those who did, the person filling out the questionnaire felt it was "too loose" in 11 states (28% of those with a policy). Only one respondent reported that the state discipline policy was "too strict." Twelve states prohibit all forms of corporal punishment, 5 states allow spanking with specific conditions, an additional state is drafting a discipline policy which will probably allow spanking and 8 states either do not mention spanking in their policy or did not supply sufficient information.

*Reprinted from Impact, the Newsletter of the Foster Parent Education Network Spring, 1983

The majority of discipline policies tend to be worded negatively in that they stress prohibited behaviors rather than suggest permitted forms of behavior. Most frequently prohibited are excessive physical force or excessive or injurious behavior, forceful blow, use of weapon or instrument, striking, shaking or slapping face. Other policies specifically prohibit deprivation of necessities, rest, food, shelter, toileting, restraint, binding, closeting, or using ropes; emotional trauma, threatening child or use of humiliating punishment; and restricting child from seeing birth families, receiving mail or withholding visits. Discipline policies that are positively worded include statements to the effect that praising and rewarding are encouraged as preventative measure; that discipline should be fair, reasonable, consistent with the age or developmental level of the child. When spanking is mentioned as a permissible discipline technique, conditions are frequently included such as: controlled hand on the buttocks, two or three times, or for children under the age of reason.

Screening Family Foster Homes

Forty states license foster homes. Twenty-three states check applicants against the Central Abuse and Neglect Registry and 33 states check applicants against state criminal records. Ten states make an additional check with local police agencies.

Training

Twenty-four states reported that they require pre-service training for foster families. The number of hours required ranged from three to forty or an average of 11.2 hours. Three states did not report the number of hours required and are not included in this analysis. Fourteen states reported requiring in-service training for foster parents. The range of hours required is four to sixteen with an average of 9.45 hours of in-service. Three states did not specify number of hours and one state requires 24 hours over two years. These states were not included in figuring the average. Combining in-service and pre-service training, altogether 30 states require some foster parent training. Eleven states reported that foster parent training included specifications of the limits of discipline and ten states reported inclusion of discussion about alternatives to physical discipline.

Worker Training

Looking at in-service training for foster care workers, 12 states reported training included the discipline policy, 13 states reported training included ways of spotting existing or potential discipline problems in the foster family, 4 reported training to handle complaints and suspicions, and 10 report training to develop appropriate discipline techniques around working with foster families.

Handling Complaints

Typically states reported that abuse complaints were referred to protective services and/or investigated in-house. Forty-six states reported removal of children as most likely response to substantiated abuse, 42 states reported closing home or suspension of license, and 34 states reported that a report would be filed with the central registry. Forty-five states reported that in some cases, remediation would be attempted to maintain the placement most typically if it was a first offense or was of a minor nature (19 states) or if it were a long term placement (13 states).

These data suggest that there is a great need for improvement to protect children in foster care from abuse. In examining the incidence of substantiated abuse complaints against family foster homes, the wide variation in rates raises several questions:

- Is there substantially more abuse in some states?
- Are some states monitoring family foster homes more carefully?
- To what extent do agencies move children or close homes when abuse is suspected rather than go through the process of substantiating the complaint?

Further analysis of the data is needed to determine if there is a relationship between the nature of a state's disciplinary policy and the rate of abuse, and the relationship between foster care education, for case workers and foster parents and abuse.

* * *

DEFINING MALTREATMENT IN FAMILY FOSTER CARE

The variety and absence of discipline policies indicate that there is no universally accepted definition of maltreatment in family foster care.

However, the expectation is that the standard of care should be higher for foster families than that expected of birth families. Typical areas addressed by policy or regulations are:

	EXAMPLE
Physical Abuse or Injury	Welts discovered on child's back, buttocks or thighs from use of a belt.
Lack of Supervision	Young child left unattended. Child with special needs left with unskilled adolescent.

Failure to Provide (Neglect)	Child is dirty and not eating properly.
Emotional Maltreatment	Foster parents highly critical of birth parents. Attacks the child as being "bad" like his family.
Sexual Abuse or Exploitation	Child involved in sexual activity with foster parent or older child.
Excessive punishment	Child runs 50 laps. Child made to write "I will be good" 250 times. Child confined to room all weekend.

MALTREATMENT IN FAMILY FOSTER CARE: ADDRESSING THE PROBLEM

Deficits in the Knowledge Base

Other than the Vera Institute of Justice Study (1981) and the National Foster Care Education Project's survey of the states, the data base is limited. The National Analysis of Official Child Neglect and Abuse Reporting indicates that of total substantiated abuse reports, foster parents comprised 0.3% of the perpetrators, as compared with 0.1% of perpetrators being institutional staff. Similarly, Rindfleisch and Rabb report that in their 1980 survey, complaints regarding residential facilities constituted only 9% of all out-of-home care complaints. They do not claim on the basis of the data that children are safer in child welfare institutions than in family foster care, but emphasize that the need for protection of children after placement is relatively invisible as an issue (Rindfleisch and Rabb, 1982).

We do not know the extent or actual incidence of maltreatment in foster family care. We do not know how many foster parents who become involved in maltreatment are adequate parents who are overstressed by their fostering role, or how many were inappropriate parents from the start. We do not know with any precision how to predict successful placements. Although screening tools are available for identifying "high risk" situations, we are aware of their limitations. Straus and Gelles state about their prediction checklist, "An attempt to use these checklists to locate high risk parents could cause more harm than good. It could create an intrusive system of family surveillance. A second cost lies in the harm which could be caused by falsely labeling millions of parents." (Straus and Gelles: 1980, p. 219).

There is a wide knowledge base about the configuration of events and situations associated with maltreatment of children in families, and we also know of many stressful components of foster family life. But lacking adequate research on the nature of maltreatment in foster homes, it is difficult to develop an

integrative theory on maltreatment in foster care, which will account for both the family related variables, and the difficulties of raising other peoples' children within the stressful context of a child welfare system that lacks adequate resources to facilitate the difficult role of foster parenting.

Liability Issues

Abuse in foster care not only further jeopardizes children who have been mistreated by their parents, but opens the entire system of child welfare to question (Gil, 1979). Agencies are beginning to fear legal suits from parents who may justifiably claim their children are worse off in care than at home (Polier, 1975). The American Civil Liberties Union filed a class action suit in behalf of children in the state of Missouri alleging that children are placed in untrained homes where they are mistreated, abused, and neglected. Agencies and staff can be held liable for maltreatment of children in foster homes, especially in the areas of selection and supervision of foster homes (Besharov, 1983--see Appendix A). Agencies can also be liable for harm done in a licensed foster home, even if the agency is no longer placing children there.

Other Aspects of the Problems

Let's discuss a number of related issues which affect our perceptions of the problem, and may have an impact on the way we do our jobs.

1. Damaging the Reputation of Good Foster Parents

   We are all familiar with instances where a foster child inadvertantly or deliberately exposes a foster family to criticism or a complaint investigation. One such example is the foster child who is psychologically a "bottomless pit" of hunger and is asking for more food from neighbors or teachers. A complaint comes in that the child is inadequately fed in the foster home. The worker may know that the child is fed bountifully, but the existence of the complaint is perceived as an insult to the foster family.

   On a larger scale, when a story of maltreatment in foster care hits the media, foster parents report experiencing defensiveness, vulnerability, shame, embarassment and so forth. They are fearful of being labeled or misjudged as a result of the actions of another foster parent.

   In both situations, foster care staff who admire and respect foster parents may find themselves double bound. "Bad news" negatively affects everybody's morale, and may negatively impact on foster parent recruitment and retention.

2. Worker Investment and Denial

We have seen foster homes which serve the child and the agency exceptionally well. We depend on these homes--on their cooperation and willingness to work with very difficult children. We like the foster parents as people, and feel grateful for their good work. Because the overall experience with a home has been positive for the worker, it can become difficult to perceive the deficits objectively.

When a foster parent--especially one who we feel is "good" expresses concern about a child, there are two choices possible to the worker. One is to pick up on the distress and explore further, and the other is to provide premature reassurance: "Oh you've always done well with this type of situation, I just know it will be alright."

Any worker who has been through the painful experience of seeing a child maltreated in a "good" home will recognize the elements of grief-shock, denial, anger, bargaining and so forth in her personal reactions. If we are committed to serving children, there is something in us that wants and needs to believe that they are treated well in their foster homes.

3. Lack of Resources

Many times we experience concern about a child's well being in a foster home, but have to acknowledge the reality that a "better" placement is not available. Many workers will engage in heroic efforts to salvage a shaky placement because of the child's bonding, and the knowledge of the impact of multiple placements on the child. However, we can probably all think of times when it might have been appropriate to remove a child who was not getting his needs met, but felt unable to do so due to a lack of resources.

Similarly, we are aware of the need for foster parent training and treatment resources to upgrade the quality of care. However, if we are short of staff, short of money within the agency, and community resources are unresponsive to the needs of foster families, our frustrations in trying to do a good job are exacerbated.

4. Difficulties in Communication Between Workers and Foster Parents

Typically, foster parents are anxious about exposing their problems in handling foster children for fear that the worker will perceive them negatively, or even remove the child. Foster parents may be unreceptive to the advice of workers who are not parents. Strong religious values about child rearing may be so deeply embedded in a belief system of the foster family, that workers feel unable to confront specific parenting practices which the foster parents feel are justified by God, the Bible, and everything that is good and decent.

Foster parents are often older than the worker, and address the worker in parental tones, triggering the discomfort of counter transference for the worker.

Despite the excellent materials developed on the "team approach", it is often difficult to realize. There is a bottom line power differential, with the agency having the responsiblity to monitor foster homes and remove children and licenses if necessary. Although foster families may experience financial and personal stress from their fostering role, they can feel double bound about "not complaining" for fear of losing the child. Workers who are overloaded may lack the time and energy to invest in opening communication. Often, communication between foster parents and workers is limited to a crisis intervention or problem solving focus.

5. Other Barriers to Addressing the Problem in My Agency:

The purpose of this section is to allow workers ample opportunity to voice concerns specific to their agency which might include the following:

- Adversarial relationship exists with foster parent organization
- Foster care and protective services units differ in definition of abuse or judgement calls during investigations
- No clear supervisory or administrative mandate addresses the issue
- Agency has been harmed by adverse publicity regarding an earlier situation
- Emphasis on permanence planning and case review does not allow for time to be spent in monitoring the child in placement
- In some states, reports have been received on outstanding or politically active foster parents. It is often difficult to proceed with an investigation of the "Foster Parent of the Year", or a prominent FPA officer

PRACTICE VARIABLES WHICH CONTRIBUTE TO THE POTENTIAL FOR ABUSE

The Vera Institute of Justice Study (1981) has identified several practice issues and resource deficits which are correlated with abuse in foster care.

- Failure to match a child with the foster family's abilities or preference
- Failure to decertify a home known to be deficient
- Placement of too many children in a home
- Lack of foster parent training
- Absence of home visits by workers

In addition, according to another report:

- The incidence of abuse and neglect appears to be related to the quality of the home studies. Foster homes in which children were abused or neglected received significantly more superficial evaluations than homes where no abuse or neglect occurred. Problems reported by homefinders include; rigidity, problems of foster parents in handling their own children, questionable motivation, inability to meet children's needs and a negative attitude toward working cooperatively with the agency.
- A significantly higher rate of abuse or neglect was found in situations where the child was placed on an emergency basis. (Tobias, 1982)

There are several other points which the National Foster Care Education Project belives to be critical for prevention of abuse in foster care:

- Screening of potential foster parents through checks for criminal records, and the Central Abuse Registry
- Clear expectations regarding acceptable discipline techniques through training, written policy, and individual contracting concerning the needs of the specific child
- Formal and informal support systems for foster parents in general and especially for those foster parents caring for the high risk children

WHAT CAN I DO ABOUT IT?

KEY PREVENTION POINTS

ACTIVITY	WHAT CAN BE DONE TO HELP PREVENT ABUSE?
Recruitment	Develop need statement, specifying types of homes needed. Increase supply of homes. Clarify expectations of "professional" foster parenting (e.g. training) and encourage self-screening.
Licensing/Homestudy	Ensure compliance with licensing requirements. Gain initial understanding of the family, especially in how they relate to their own children. Use genogram or social history to pick up on intergenerational abuse. Examine attitudes about discipline. Clarify expectations regarding discipline, and explain complaint procedures. Use two workers on homestudy to have better observation of family process.
Pre-Service Training of Foster Parents	Explain basic role responsibilities. Clarify discipline policy and expectations. Provide basic understanding of foster children and the impact of separation. Give guidelines "When to ask for help." Explain about complaints, and vulnerability of foster parents. Clarify workers role especially the responsibility to monitor the child in the home.
In-Service Training of Foster Parents	Provide specialized skill and understanding of: the battered and abused child, the sexually abused child, the child with "special needs", developmental disability, emotional impairment, etc. Provide alternatives to physical discipline, appropriate management techniques, and understanding of behaviors: lying and dishonesty destructive behavior provocative behavior Develop identified pool of parents trained to handle high risk children.

KEY PREVENTION POINTS (continued)

ACTIVITY	WHAT CAN BE DONE TO HELP PREVENT ABUSE?
Identification of high risk foster children	To know when to use extra care in selecting a home, and developing a plan for supports for the foster family. A physical exam at start and end of placement is helpful.
Matching and selection of family for high risk child:	Inform family of known characteristics of the child, to encourage self-assessment. Assess the family for ability to handle the specific child. Utilize pre-placement visit, when possible. Contract around the needs of the child, discipline methods, and resources needed.
Monitor the child in placement Work with the foster family	Observation of family dynamics and interactions. Develop and review plan for managing child's behavior. Build communication, especially guidelines on when to ask for help.
Identify and respond to foster parent "red flags"	Re-open communication to assess difficulty. Provide supports and reduce stressors to avoid high risk situation. Monitor safety and well-being of child.
Removal of child and decertification of home know to be deficient	Protection of the child or other children, and the agency. Prevent liability issues. Inform Central Registry if abuse occurs. Collect data regarding the problem.

SUMMARY NOTES

What is the problem?

What are liability issues that affect my work?

What are difficulties in addressing the problem?

Prevention Points - What can I do?

SESSION 2

DYNAMICS OF ABUSE AND NEGLECT IN FAMILY FOSTER CARE

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Summarize reading on liability.
2. Review dynamics of abuse in families.
3. Identify characteristics of high risk child.
4. Identify system stressors and apply to systems map.
5. Assign supplemental reading.

Methods:

1. If all members of group do not know each other, ask them to recall information from last session's unfolding when they have reassembled. Ask for comments on reading in Appendix A on Liability. What does it mean to them? What are their feelings about liability? What are their safeguards?

2. Small group activity. Ask groups to summarize existing knowledge on child abuse and neglect, using pp. 15-16 in their manuals.

3. Large group discussion -- The high risk foster child. Briefly discuss the characteristics listed, then review "Themes and Interactional Issues", eliciting knowledge from the group. Encourage group to put their notes into the manual.

4. Mini-lecture and large group discussion. Ask the group to turn to the first systems diagram in their manuals. Explain that foster families, in addition to having all the normal stresses and strains of family life, additionally are exposed to many stresses unique to their role of fostering. Beginning in the center with the foster family, suggest that the group jot down foster child characteristics and family stresses in the boxes. Then elicit from the group examples of community, natural parents and system stress until they have completed the diagram. Turning to p. 24, inquire about effects of separation on the foster family and introduce concept of chronic grief. Summarize the inter-relationship of all stresses discussed, and the high degree of stress on foster families. Any or all of these stresses contribute to the potential for abuse. Ask trainees to think of a specific foster family, and fill in the stressors which impact on that family. If group composition permits, it is useful to form dyads or triads with licensing worker, ongoing worker and supervisor. Summarize the differences in dynamics between abuse in biological families and abuse in foster families.

5. Suggested assignment. At foster care unit meeting, go over the "system stressor" checklist. Read "Diagramatic Assessment of Family Relationships" in Appendix C and "Foster Parents Rights to Information" in Appendix B, in preparation for next session.

SESSION 2

DYNAMICS OF ABUSE AND NEGLECT IN FAMILY FOSTER CARE

In the second session of "Preventing Abuse in Family Foster Care" we will be working together to reach the following objectives:

- Achieve an understanding of the dynamics of abuse in families.
- Identify characteristics which may indicte a foster child is high risk.
- Identify system stressors which affect foster families.

We will begin with a brief review of our knowledge about abuse in families. Then we will examine, from a systems perspective, the multiple stresses which impact on the foster family.

GENERAL KNOWLEDGE OF ABUSE AND NEGLECT IN FAMILIES: (review)

A. Parental characteristics may be:

-a history of maltreatment as a child (W.A.R. cycle of Helfer)
-isolation
-unrealistic expectations of the child
-lack of child development knowledge
-substance abuse
-conflicting styles of discipline
-physical illness, poor health
-role reversal
-a belief in punishment, "strong discipline"
-role reversal
-developmental conflicts
-mental illness (in a small proportion of cases)

B. Situational stresses or crises may be:

-economic stress; unemployment
-chronic stress; job related
chronic illness
lack of resources
-situational losses; frequent moves
loss of relationship
fire or other damage
accidents
-"the last straw"; vacuum cleaner, car, or other needed equipment breaks down

C. **Life cycle stresses may be:**

-parent developmentally immature (i.e. young adolescent parent)
-too many children too soon
-child born after parents thought family was raised
-difficult events surrounding pregnancy, (i.e. loss of a significant relationship)
-adolescent children rebelling or leaving home
-death or incapacity of aging grandparents stresses parents
-parents in middle years are 'letting go' of children and re-evaluating their relationship to each other

D. **Child characteristics may be:**

-premature or low birth rate
-'special needs'
-resemblance to someone disliked by parents
-developmentally, neurologically immature with restless 'hyper' behavior
-perceived as different by parent
-poorly attached to parent

E. Family Systems Issues May Include:

1. Intergenerational aspects:

Multigenerational transmission of pattern of violence. Straus and Gelles (1980) found that training in violence (especially being physically abused after age 13) was highly correlated with abuse for both mothers and fathers.

Multigenerational transmission of anxiety over certain themes of loss, "cut-offs" and rejection.

Inability of parents to differentiate from families of origin, including overinvestment in parents to the exclusion or neglect of spouse and children, and remaining triangled into conflictual and stress-provoking issues in the family of origin.

2. Boundary and structural issues:

A family may not be able to develop adequate boundaries to keep the family of origin from interfering with the family of procreation.

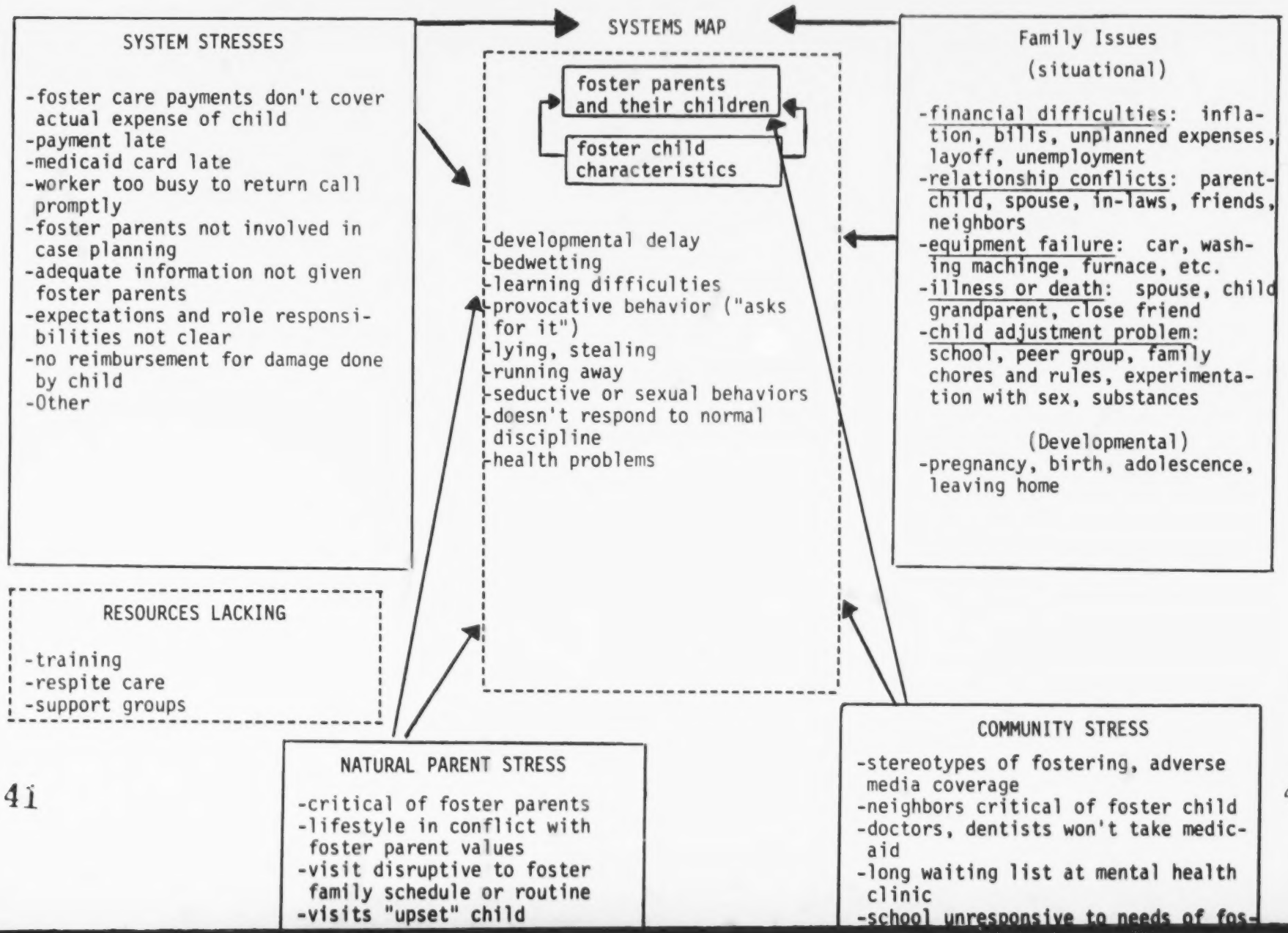
A couple may not develop adequate boundaries to keep work or outside relationships from impacting too heavily on the family.

A family may not develop adequate boundaries to ensure the safety or well-being of children. We see this in both neglect and abuse situations where non-family members flow in and out of the home, using up resources needed for the children, or inflicting some sort of damage upon the children.

A family may have very rigid boundaries, and be unable to break out of isolation and mistrust. Rigid boundaries may prevent helping persons from entering the system. Typically in situations of sexual abuse, the perpetrator's attention is focused inward on the family, rather than seeing the need to cross the boundary for getting needs met.

The generational boundary between parents and children within the family may be weak or diffuse. We see this in the caretaker or parental child role when a child crosses the generational boundary to assume a quasi-adult role.

The child may be triangled in parental conflict with conflict in the spouse system detoured onto the child.


SYSTEMS MAP
SYSTEM STRESSES
-foster care payments don't cover actual expense of child
-payment late
-medicaid card late
-worker too busy to return call promptly
-foster parents not involved in case planning
-adequate information not given foster parents
-expectations and role responsibilities not clear
-no reimbursement for damage done by child
-Other
foster parents and their children
foster child characteristics
-developmental delay
-bedwetting
-learning difficulties
-provocative behavior ("asks for it")
-lying, stealing
-running away
-seductive or sexual behaviors
-doesn't respond to normal discipline
-health problems
Family Issues
(situational)
-financial difficulties: inflation, bills, unplanned expenses, layoff, unemployment
-relationship conflicts: parent-child, spouse, in-laws, friends, neighbors
-equipment failure: car, washing machinge, furnace, etc.
-illness or death: spouse, child grandparent, close friend
-child adjustment problem: school, peer group, family chores and rules, experimentation with sex, substances
(Developmental)
-pregnancy, birth, adolescence, leaving home
RESOURCES LACKING
-training
-respite care
-support groups
NATURAL PARENT STRESS
-critical of foster parents
-lifestyle in conflict with foster parent values
-visit disruptive to foster family schedule or routine
-visits "upset" child
COMMUNITY STRESS
-stereotypes of fostering, adverse media coverage
-neighbors critical of foster child
-doctors, dentists won't take medicaid
-long waiting list at mental health clinic
-school unresponsive to needs of fos-

OVERVIEW OF DYNAMICS OF ABUSE IN FAMILY FOSTER CARE: ASPECTS UNIQUE TO FOSTERING

The Child

As we examine the variables connected with children being abused in family foster care, it becomes apparent that many if not most foster children can be considered high risk. However, it also appears that some children may be more high risk than others:

The child who has already experienced multiple placements (The Vera Institute of Justice, 1981). Dawson (1983) found that children who are permanent wards are high risk.

Maltreatment by parents was the reason for placement (Vera Institute of Justice, 1981). Assuming the existence of a violent interactional pattern, it is not surprising that the abused child might continue to be provocative. Within this broad category, Straus and Gelles (1980, p. 119) have identified a particular high risk variable, the child who has hit, kicked or somehow attacked a parent. This behavior which triggers parental violence is related to parental abuse. The more often parents have hit the child, the higher the probability that the child has hit the parent.

The foster child with special needs who requires extra patience, and extra resources from the foster family. (Dawson, 1983)

The child who has been sexually abused or exploited (Brandt and Tisza, 1979; also see Sessions 9 and 10 and readings in the Appendix I).

The child with bizarre or unacceptable behavior. The behavior often depends on the context of the foster family's definition of what is acceptable. Some foster families can handle fecal smearing, while others would feel a loss of control when confronted with this activity.

The adolescent, especially the adolescent who has been abused (See Sessions 7 and 8).

THEMES AND INTERACTIONAL ISSUES AFFECTING THE CHILD IN PLACEMENT

Because of separation from biological parents, foster children are affected by a variety of themes and patterns related to loss. These issues are often played out through the child's behavior. Without training and casework support or consultation, foster parents may find the behaviors baffling or inexplicable. The dynamics set up by the child may be stress provoking to the foster family, and contribute to the potential for abuse.

Attachment:

The child who has been poorly attached in his biological family may have great difficulty forming relationships in the foster family. Foster parents note with concern the child who will "go to anybody", the infant who frets or stiffens when held. The poorly attached child can be interpreted as "rejecting" by the foster parent.

Separation and Loss:

Children are vulnerable to illness during period of separation. Effects of separation can be noted in extremes of withdrawal or aggression. Some children mourn openly while others show their feelings through destructive behavior, bad language, bedwetting, over- or under-eating and other behaviors that are problematic to foster parents

The Hidden or Fantasy Parent:

When reality becomes too painful and the child is losing hope, the world of fantasy becomes a retreat. The child dreams of reunion with a loving parent, and may see the foster parents as prison guards. Or, identification with a lost parent may result in a child playing out behaviors which are repugnant to the foster family. If foster parents view fantasy as lying, or perceive the child's wish for reunion as rejection of their efforts, the situation becomes emotionally stressful and high risk.

The Child's Attempt to Manipulate:

In trying to sort out their situations in placement, many foster children test out the hypothesis "If I'm bad enough they'll have to send me home." Older and more sophisticated foster children may learn through the "foster kid grapevine" about another foster child who actually did get sent home due to a disrupted placement. Allegation of physical or sexual abuse may be a foster child's attempt to gain control and mastery over separation. In other cases, reporting to the natural parent that "my foster mother is mean to me" is an attempt to reassure the natural parents of their worth and the child's loyalty.

Absence of the Incest Taboo:

A sexually misused child entering the foster home, has not experienced the boundaries separating adults from children. Even if the foster home has clear generational boundaries, the reality is still that the foster child is unrelated to the family. Especially in the situation of obviously sexual adolescents, the absence of the incest taboo can contribute either to the impulse toward sexual contact, or the defense against the wish which may manifest in rigid over control.

Repeating the Past Experience:

"Children who have been physically or sexually misused are at high risk for repeated misuse. Often, through the repetition compulsion, they provoke further misuse in an attempt to master the traumatic event. Many of the children placed in foster care have either experienced or witnessed physical and sexual assault. If not adequately cared for, supervised and protected, they are at high risk not only to invite assault, but also to become the sadistic attacker through identification with the aggressor." (Brant and Tisza, 1979).

Children can test whether foster parents will keep them, setting up circumstances that caused them to be rejected from the last home.

SYSTEM STRESSORS ON FOSTER PARENTS

As families, foster parents are subject to all the normal stressors of contemporary family life. Additionally, they must accommodate to the sometimes unclear role expectations unique to fostering.

Double Binds of Fostering

According to Pasztor and Burgess (1982), "The tendency is for foster parents to be caught in a trap of conflicting expectations and agency practices. The trend seems to be to expect foster parents to perform as professionals. They must:

- Handle a wide range of emotional/behavioral problems.
- Be accepting of neglecting and/or abusive parents of children in their care.
- Incorporate a new child into their home on short notice and for an indeterminate period of time.
- 'Love and let go.'
- Work with several different caseworkers simultaneously and with a number of changing workers over a period of time.
- Often perform all of these functions with little or no preservice training.

Despite these expectations, foster families are simultaneously subjected to such practices as:

- Not receiving complete information about the child in their care.
- Not being allowed input in case decisions affecting children who have been living in their home.
- Not being allowed to meet adoptive parents.
- Having the child in their care 'interviewed' outside the home by a worker who does not apprise them of the reason for the talk.
- Not being encouraged or allowed to meet other foster parents.
- Not being regularly reinforced for a job well done (Pasztor and Burgess, 1982, p. 3).

ECONOMIC STRESSES ON FOSTER FAMILIES

In most foster care programs, the payment rate is substantially lower than the actual cost of caring for the child. Unless it is specialized foster care with an intensive rate, foster parents are not reimbursed for the time spent for caring for the child. During times of inflation and unemployment, family finances are often stretched to the breaking point. Yet it is not uncommon to find that:

- Pre-placement visits are not reimbursed.
- Funds are not available for the expensive extras, such as sports equipment or yearbooks, which are vital to the child's self-esteem.
- Foster mothers may be discouraged or prohibited from working outside the home to supplement family income.
- Travel expenses related to fostering are not reimbursed promptly.
- Damages done to the foster home by the child are not reimbursed by the agency, and foster parents have difficulty claiming it on their homeowner's policy.
- Foster parents may have to take extra jobs to make ends meet.
- Foster parents may not be able to afford babysitters in order to get away from the children for an evening's relaxation.

RESOURCES LACKING

Due to cutbacks in Human Services funding, many foster parents no longer have adequate access to support such as:

- Foster parent training programs.
- Mental health and child guidance counseling programs.
- Casework services.

EFFECTS OF SEPARATION ON THE FAMILY

We are all aware to the effects of separation on the child, but the practice literature does not adequately address the effects of anticipatory and/or chronic grief on the foster family.

Foster families must learn to live with both anticipatory and chronic grief. Knowing a child will be leaving, they often experience feelings of loss in advance. When several children leave over a period of years the grief process can become a way of life. Often feelings of sadness over the first child's departure are not adequately resolved before the second child is placed. Some foster parents deal with anticipatory grief by not forming close attachments, or by displacing anger onto the agency or the child's family. Some foster families handle chronic grief by denial of emotions, by idealizing the memory of the child who has left and making unfavorable comparisons. Some foster parents feel inexplicably tired or depressed, or even develop physical symptoms such as backaches or headaches.

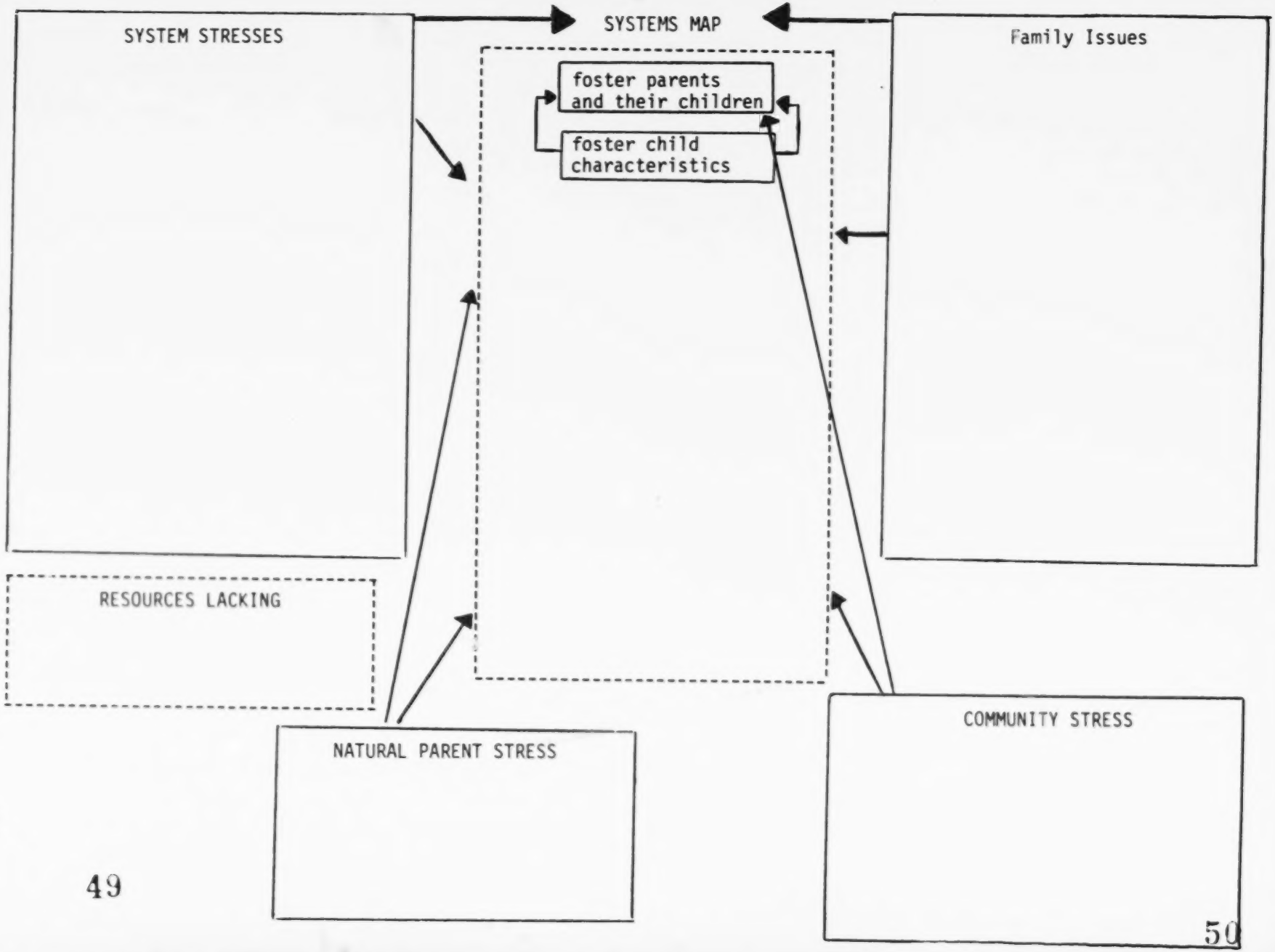
"BURN-OUT" FACTORS?

Dawson (1983) found the highest incidence of maltreatment in foster parents with 5-6 years of experience.

SYSTEMS MAP EXERCISE

The following exercise will help make the systems perspective more specifically useful to your practice:

- Select a foster family you know well, in which a high risk child has been placed.
- Fill in the following blank systems map.
- In each box (family, child, community, etc.) fill in salient details <u>for this family</u>.
- Examine the configuration of stressors on the foster family.
- Think about how the family handles the stresses. Are they asking for help? Closing down communication? Are boundaries open or closed? Are there obvious areas in which supports are needed? Have there been any changes in the way the family handles fostering?


SYSTEM STRESSES
SYSTEMS MAP
Family Issues
foster parents and their children
foster child characteristics
RESOURCES LACKING
NATURAL PARENT STRESS
COMMUNITY STRESS

SYSTEM STRESSORS - Which of the following occur in our agency?

_____ The foster care payment does not cover the actual cost of caring for the child.

_____ Intensive rates do not exist.

_____ Intensive rates do exist, but are not applied.

_____ Intensive rates do exist, but are applied only under unusual circumstances.

_____ Foster parents are not reimbursed for travel or child care expenses when attending required training.

_____ Foster parents are not reimbursed for travel or child care when transporting child to visits, medical appointments, etc.

_____ Regular payment checks or supplemental payments are delayed.

_____ Additional funds are not available to cover unusual needs of the child.

_____ Medicaid cards or other forms of medical payment are late.

_____ Health care providers do not take medicaid, or there are few available who do.

_____ Foster parents do not have access to a 24 hour emergency number for handling crises such as medical emergencies, problems with birth families.

_____ Foster parents are prohibited or discouraged from communicating with each other.

_____ There is no foster parent association.

_____ A foster parent association exists, but is at odds with agency.

_____ There is no pre-service training.

_____ There is no, or little, in-service training.

_____ There is no respite program for foster parents.

_____ There is not an adequate number of foster homes for matching age and condition of child with foster parent preference.

_____ Foster parents don't know case plan.

_____ Worker caseloads are high.

_____ Worker/foster parent communication is inconsistent, conflictual or lacking.

_____ Grievance procedures are not accessible, or don't exist.

SUMMARY

In a study of maltreatment in foster care in Arizona, Bolton found the following differences between maltreating foster parents and the general maltreating population:

- Maltreating foster parents are older than maltreating parents.
- The foster family income is higher, and there is less public assistance.
- The foster parents are more likely than biological parents to be married.
- It is suggested that foster parents who maltreat have a reduced capacity to provide appropriate discipline.

(Bolton, 1981)

What seem to be some of the differences in dynamics and characteristics when we compare abuse in foster care to abuse in the general population?

-these are not the biological children of the foster parents, so that attachment and the incest taboo may not be in effect.

-the characteristics of the child, and his patterns of repeated experience may play a more important role.

-although foster parents are a screened or selected population, they are still vulnerable to family life cycle stresses, which are compounded by the placement of the child and systems stress.

-through system stressors, poor placement practices, etc., the agency can set up the potential for maltreatment.

SESSION 3

PREVENTION POINTS: ASSESSMENT AND PLACEMENT

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Review the concept of the high risk child and introduce child risk assessment.

2. Provide summary of knowledge on placement.

3. Utilize one or two techniques of mutual assessment.

4. Assign supplemental reading.

Method:

1. Discussion and activity. Briefly review the high risk child information, suggesting that trainees jot down notes. Clearly state that identifying the high risk child is a key prevention point. Placement of the high risk child requires extra care! Ask trainees to think of a specific child and fill out the check list. In their estimation, is the child at high risk for abuse or not? Remind workers of "Foster Parents Right to Information" in Appendix B and that high risk items must be discussed with potential foster parents.

2. Mini-lecture and discussion. Review placement issues and effects of overloading briefly, suggesting that workers jot down the most salient points on page 29 or 30. You may want to read the trainer's supplement on overloading.

3. Group activities. Mutual assessment techniques. Depending on time available and knowledge of workers, select one or both of the activities.

    a. Foster Family Eco-Map. Ask participants to briefly summarize portions of "Diagramatic Assessment of Family Relationship" pertaining to eco-mapping. Explain that an eco-map has been developed that can be used with foster families to identify the existing stresses on the family for the purpose of mutual assessment regarding the placement of an additional child. This exercise clarifies the issue of overloading. Ask the group to form dyads. One member of the dyad is to be a foster parent with whom she is familiar. The other is the worker, who explains the purpose of the eco-map, assists the foster parent in filling it out, and assesses, with the foster parent whether the family can handle an additional child. Use of different color pens or pencils can represent the family as is, plus additional stresses that would occur after placement of an additional child.

b. Family Sculpting. You will want to read the instructor's supplements on sculpting and family structure prior to using this exercise. They clarify the various uses of sculpting. Ask for volunteers to portray members of the C. family (p. 40). Explain that you will demonstrate how to help the family assess their ability to handle another child. Begin by summarizing information shared by the family (p. 40). Explain that you have some questions, and they may have some questions about how the child would fit in. Sculpt the family, and put in your co-worker to represent the new child. Discuss the experience with the "family", and questions they might want to think about during a pre-placement visit.

or

Sculpt a family that a participant is thinking about placing a child with, to demonstrate the use of sculpting in a staffing. Workers who might not be comfortable using sculpting with foster families might be willing to use it in a staff meeting with their colleagues.

5. Suggest that workers read "Developing Support Systems for Foster Parents" in Appendix D and "Guidelines, When to Ask For Help" in Appendix E.

TRAINER'S SUPPLEMENT

OVERLOADING

As important as it may be to train and reserve foster parents as "specialists" for high risk placements I have recently provided consultation on several abuse cases involving specialized families who were overloaded because of their skill. It is my impression that placement of one too many children in the home was "the last straw". Straus and Gelles (1980) found that

> "The likelihood of a parent abusing a child increases generally with the size of a family... The highest rates of child abuse come with five children. Thereafter, the rate goes down, but is still quite high for seven child homes. Surprisingly, the largest families had no abusive violence toward children. Parents who have eight or nine children rarely use violence on their children. The largest families may be the least violent for a number of reasons. Perhaps parents with eight or nine children are too exhausted to raise a finger toward their children. But it may well be that the very largest families simply have less stress than five or six child homes. We can expect that a family which has an eighth child has at least one teen-ager at home. The oldest children may be a resource for the parents. Another possibility is that those people who desire to have and do raise such large families are so "child oriented" that they will be less violent no matter how many children they have. Our most plausible explanation for the higher rates of violence among families with four, five and six children comes down to a matter of dollars and cents, pure economic stress. Every new child means the family's economic pie is sliced smaller. To test this, we examined the relationship of violence and the numbers of children among different income groups. We found some important patterns. First, among the poorest families (annual family income under $6,000) each additional child increases the likelihood of child abuse. For those families whose income is between $6,000 and $20,000 the risk of child abuse increased with each child up to seven. Finally, among the well-to-do families (above $20,000) who tended to have smaller families, there was no relationship between the number of children at home and the rate of child abuse" (Straus and Gelles, 1980, pp. 177-178).

In examining the Straus and Gelles data, it is important to remember that it was not a study of foster families, and that most foster families probably fall into the category of "those people who desire to have and raise such large families" and are "so child oriented that they will be less violent regardless of how many children they have." However, the implication is clear that economic stress resulting from family size is correlated with the risk of abuse. The Vera Institute of Justice (1981) study also found that overloading of a foster home was a practice variable correlated with abuse.

This raises several questions about sibling placement. If one sibling is high risk it is likely that others may also be. Perhaps one sibling was the scapegoat in the family and the other was not abused. But the second sibling would also have lived in a climate of violence and learned the same lessons. In making sibling placements, workers are typically concerned about the question of sibling violence.

"Sibling violence occurs more frequently than parent-child or husband-wife violence. The older the child, the lower the rate of sibling violence. Four out of every five American children between the ages of three and seventeen who have a brother or sister at home carry out at least one violent act toward a sibling during a typical year. It might be claimed that this overstates the case because so much of the "violence" is pushing, slapping, shoving and throwing things. But kicking, biting, hitting with objects and "beating up" are also very common. In fact, fifty-three out of every hundred children per year attack a brother or sister this severely (Straus and Gelles, 1980, pp. 80-83)."

We may have to balance the principle of not overloading foster homes against the principle of preserving the sibling bond. Siblings should be placed together whenever possible, and minor violence between siblings should not preclude placement together if the foster family can provide appropriate supervision. However, a large and aggressive sibling group of high risk children might overtax the resources of any foster family.

TRAINER'S SUPPLEMENT

STRUCTURAL FAMILY ASSESSMENT*

The following material summarizes some basic assumptions about family structure which may be useful to the instructor in presenting aspects of family assessment. This may be particularly useful in providing the context for thinking about "The C Family" in the family sculpting session.

Glossary of Terms and Assumptions

Assumptions about the family system include:

1. The individual influences his context and is influenced by it in constantly recurring sequences of interactions.

2. Changes in family structure contribute to changes in behavior and intra-psychic processes of members of the system.

3. The therapist becomes part of the context.

4. Structural family therapy is directed toward changing the organization of the family. When family structure is transformed, positions of family members are altered accordingly.

5. Boundary and structural issues:

   A family may not be able to develop adequate boundaries to keep the family of origin from interfering with the family of procreation.

   A couple may not develop adequate boundaries to ensure the safety or well-being of children. We see this in both neglect and abuse situations where non-family members flow in and out of the home, using up resources needed for the children, or inflicting some sort of damage upon the children.

   A family may have very rigid boundaries, and be unable to break out of isolation and mistrust. Rigid boundaries may prevent helping persons from entering the system. Typically, in situations of sexual abuse, the perpetrator's attention is focused inward on the family, rather than toward crossing the boundary for getting needs met.

   The generational boundary between parents and children within the family may be weak or diffuse. We see this in the "caretaker" or "parental child role" when a child crosses the generational boundary to assume a quasi-adult role.

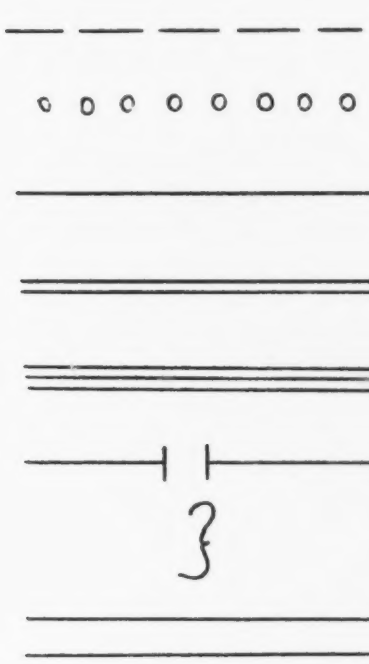
   The child may be "triangled" in parental conflict with conflict in the spouse system detoured onto the child.

*Adapted from Minuchin, S. Families and Family Therapy. Cambridge, MA: Harvard Press, 1978.

Assessment of Family Structure

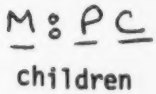
A family map is an organizational scheme...a powerful simplification device which allows the therapist to organize material...formulate hypotheses about functional and dysfunctional areas.

Keys to map



Typical Family Structures

The parental child



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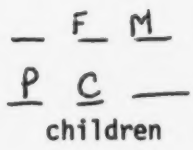
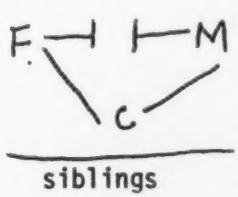
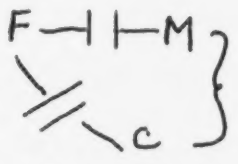


Triangles

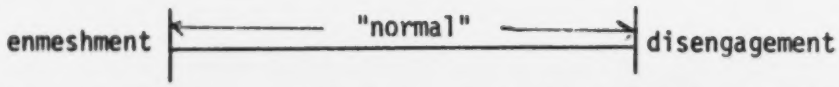


Rigid triangles as stable coalition

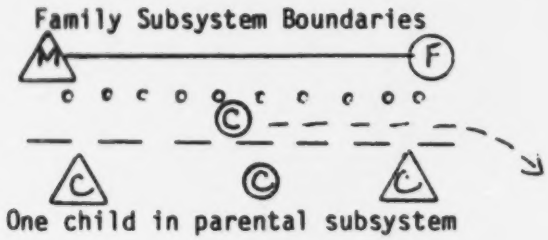


Examples of dysfunctional family patterns

Enmeshment and Disengagement



Appropriateness of closeness and distance determined by relationship (i.e. spouse, child), life stage (i.e. infant, adolescent family member), cultural patterns. Intervention goal is to help family restructure itself to allow functional relationships to emerge.



Goal of intervention is to remove child from marital subsystem and place her in the sibling subsystem with clear boundary.

Terms:

structure - an invisible set of functional demands which organize the ways in which family members interact -- transactional patterns

enmeshment - an extreme of boundary functioning in which family members are undifferentiated, with consequent lack of autonomy and clarity. Example - parents who are overly concerned and anxious because a child refuses to eat dessert

disengagement - the extreme of boundary functioning in which boundaries are rigid, family members are uninvolved, unconcerned

subsystems - within a family system there are the spouse subsystem, the parental subsystem, the sibling system and a variety of other dyadic and triadic systems.

TRAINER'S SUPPLEMENT

The Use of Family Sculpting in Training

The Purpose of Family Sculpting in Training

Family sculpting is a powerful and entertaining tool to use in training. It is usually more intense than role-play in that there is less talking, and more opportunity for awareness of emotions and body messages. When handled with sensitivity it is safe and enjoyable. The guidelines given below reduce the risk of a "casualty," (i.e., a participant whose painful real life experience is triggered by the position assumed). Family sculpting can provide maximum opportunity for observers to become involved, through observation, questions, discussion or serving as an assistant sculptor. The actual participants in a sculpture note the versimilitude of the experience. Experiental learning enriches the process of conceptualization and breathes life into knowledge. Family sculpting dramatizes and illuminates concepts of family systems theory, upon which the assumptions of abuse prevention are based.

* * * * * *

We should keep in mind that sculpting is a powerful tool originally developed as a therapeutic technique for opening up and illustrating areas of family dysfunction. Therefore, we need to make some clear distinctions between using sculpting in a therapeutic setting, and as a part of training.

What is the 'Contract'?

In therapy, a family in pain comes to the therapist for help in resolving the pain. The contract is for receiving help, in a context of confidentiality.

In training, a person desiring enhancement of knowledge and skills comes to class to develop better ways of doing a job. There is no implied confidentiality between members of the group, although all group members may formally or informally agree not to divulge sensitive material. The contract is one of learning, not of receiving help, or revealing one's personal situation.

Guidelines for Safe Sculpting

Because of the differences between a theraputic context and a training context, it is inappropriate to use a participant's family or personal situation as material for sculpture. Sculpting can expose a great deal, leaving the individual vulnerable and defenseless. As the group moves on to other training topics, the individual may still be in pain from the experience, or have concerns that too much personal material has been revealed to colleagues. On the other hand, if the group stops to deal with the person's pain, the focus of training is lost.

To avoid these dilemmas, we recommend that the instructor always use hypothetical situations, or other case material, and not allow participants to sculpt their own families. Additionally, there are several other things the trainer can say to reduce possible trauma:

(a) Describe each position in the sculpture, so that participants will understand what assuming the position entails.

(b) Suggest that it is best not to volunteer for a position that is too close to a person's situation. For example, the person who lost a parent through death or divorce might not volunteer for the role of the foster child.

(c) State that no one will be coerced or influenced to participate in the sculpture. All participants will volunteer, and will have assessed their own readiness.

Controlling the Intensity of the Experience

Once the sculpture is set up, the trainer can control the level of affect and the intensity of the experience by monitoring the amount of talking. Talking distances participants from the feelings of a position. If a lot of joking and commenting is occurring, it should be viewed by the trainer as a defensive maneuver, which protects participants in the sculpture. Depending on trust levels, group cohesion, and the trainer's assessment of participants, the trainer may choose to intensify the experience by requesting silence and structuring comments, or may diminish the experience by encouraging joking and talking.

When questioning participants in the sculpture, the trainer can begin with a general question, such as, "Dad, what is it like for you in this position?" A participant who responds "I think the father is comfortable" is intellectualizing and distancing from the role. The trainer must assess whether the participant can handle getting closer to the role. If the trainer replies, "You are the father--don't say 'the father,' say I feel comfortable," then the intensity will be increased. Similarly the trainer helps to focus the participant's awareness, "Dad, what are you feeling in the left arm" or "Sandra, you are shifting your weight. What does this mean? How are you feeling? Be aware of your balance." By focusing on or ignoring a persons' body language and verbal responses, the trainer sets up levels of intensity within the exercise. It is a good idea to practice sculpting with friends and colleagues to get a feel for the trainer's role in decreasing or intensifying the emotional tone in sculpting experience.

Involving Observers

Once the sculpture is established, the trainer can turn to observers and ask some of the following questions:

What do you see?
Is anyone off balance?

Who looks the most comfortable?
What kinds of questions do you want to ask the family?
Does anyone want to find out anything from Mom?

When observers become involved in asking questions, the trainer may want to select one or several volunteers to re-sculpt the family to a less awkward or painful configuration. Or perhaps an observer might volunteer to take someone's position in the sculpture temporarily, to see what it feels like.

Discussing the Sculpture

Participants in the sculpture need ample opportunity to discuss and debrief from the experience. At this point, there will be direct dialogue between observers and participants, with the trainer taking a facilitating role. In discussing "The C Family," some of the points that may arise are as follows:

(a) The spouse relationship between foster father and foster mother is critical to the well-being of the entire family.

(b) The placement of a high risk child can seriously disrupt the balance (homeostasis) of the foster family.

(c) Such a placement changes the position of everyone in the family, and affects the foster parents own children as well as the foster children already there.

(d) The C family is in a life cycle stage that is stressful, as the parents attempt to maintain their relationship and balance the family as adolescent children prepare to leave home.

(e) The agency's well-intentioned efforts can be intrusive and disruptive.

(f) The family (all members, including the foster children) must decide if another child will fit in the home.

(g) Sometimes the placement of a high risk child can overload a family and disrupt or threaten the foster children already in the home.

(h) We must be sensitive to the needs of the foster parent's own children. Placement of a high risk child could jeopordize Sandra's ability to separate from the family, and Rob's development if he has to give up sports.

It is important to allow the family to reach their own decision regarding the proposed placement. This is accomplished by asking all members of the sculpture to leave the training room to discuss privately whether they are able to accept another child in placement. The trainer should be aware that each sculpture will be different. Some will adapt to the extra child, others will flatly refuse. The important point in the exercise is enabling a foster family to say "no" if needed, and to reach a thoughtful decision as a family.

THE USE OF FAMILY SCULPTING FOR STAFFING CASES

Workers -- like all people -- have different ways of learning or processing information. There are those who are primarily visual -- who think and perceive in images. Others operate primarily in an analytic or abstract mode -- processing words, symbols, and concepts. Still others are more physical, active and experientially oriented.

Family sculpting as an educational tool in case staffings provides information in the active mode. It can add a dimension of visceral understanding that enhances and enriches the analysis of cases.

When is Sculpting Useful in a Staffing?

(a) In placement decision:

- How would a child fit into a potential foster or adoptive family?

- What would be the effect of removal or return of the child on the biological family system?

(b) In clarifying resistance of the family, or the worker's attempt to enter or join a family system.

(c) In clarifying interactions of the family system and helping system, or positions of several helping systems vis-a-vis each other and the family.

(d) In clarifying interactions between foster and adoptive families or foster and biological families, especially as it affects the child.

Points to Explain to Staff Before Sculpting

- Sculpting portrays positions and roles within the family system
- Sculpting can depict the family boundary
- Sculpting can demonstrate triangles and relationships in the family system
- Sculpting can show closeness vs. distance
- Sculpting can portray power, authority and regulation of the system
- The worker who is presenting the family case begins with an over view of family composition
- Staff who are portraying family members in the sculpture should be aware of the following:

(a) Sculpture is non-verbal. Participants may feel silly, and desire to break the tension through joking and clowning. It's o.k. to feel awkward, but it is important not to talk as the sculpture is created, as talking distances participants from the experience.

(b) Participants will often experience the physical stress inherent in their position. Emotions may be connected to physical reactions.

(c) Participants should be aware of what their bodies are telling them.

As the sculpture is formed, the supervisor and/or presenting worker questions sculpture participants about their experience in that particular position.

(a) Workers not in the sculpture should be encouraged to ask questions, take notes, develop hypotheses.

(b) The worker who is presenting the case may wish to briefly assume the position of a family member for the purpose of increased understanding.

(c) The position of the worker vis a vis the family can be filled by the worker or another staff member.

- Following the sculpture, new information can be processed and new hypotheses developed.
- In planning a change of direction or intervention techniques, the family can be re-sculpted to show the possible effects of the intervention.

The following readings are recommended to instructors who wish to explore further the topics of family systems and family sculpting.

Hartman, A. Finding Families. Beverly Hills, CA: Sage Publications, 1979: 103-107.

Papp, P. "Family Choreography," in P. Guerin (ed.), Family Therapy. New York: Gardner Press, 1976: 465-579.

Papp, P. "Family Sculpting in Preventive Work With Well Families," Family Process. 12, 1973.

Satir, V. People Making. Palo Alto, CA: Science and Behavior Books, 1972.

Simon, R. "Sculpting the Family," Family Process 2, 1972: 49-51.

SESSION 3

PREVENTION POINTS: ASSESSMENT AND PLACEMENT

In Session 3 we will be accomplishing the following objectives:

- Assess the degree of risk in placing the child identified as high risk.
- Demonstrate a family assessment technique for the placement of a high risk child.

Identifying the High Risk Child: Review

In some respects, all of the children coming into care could be said to be "high risk" by virtue of their separation experiences, and whatever led up to the need for placement. On the other hand, based on current knowledge, it appears that some children are more high risk than others. For example, we have no data suggesting that neglected children as a group are as likely to be abused in care as physically and sexually abused children. But we do know tht children who experience multiple placements are at higher risk for maltreatment. In a study of risk factors as predictors of maintenance of foster home placement, Walsh (1981) found that the most common child related category of reasons for placement breakdown was violent or aggressive behavior by itself, or in conjunction with acting out that involved drinking, stealing, sexual behavior or firesetting.

Notes

Child Risk Assessment

The following Child Risk Assessment chart combines several of the known variables. It can provide a guideline for a worker's data collection to determine the degree of risk a child might have in placement. It is a framework for providing information to the foster parent--except for the last item which asks for the worker's subjective response. Space is provided after each item for the worker's notes and specific details about severity and frequency of problems.

Sources of Data: personal observation, birth parents, former foster parents, case records, medical records, school records, therapist, etc.

_____ Difficulties in attachment

_____ Premature or low birth weight

_____ Delays in attaining early developmental milestones

_____ Health problems

_____ "Hyperactive"

_____ Has been physically abused

_____ Is known to have hit, kicked or otherwise attacked parent or caregiver

_____ More than one placement or separation

_____ Has damaged or destroyed property

_____ Fire starting

_____ Has been sexually abused or exploited

Child Risk Assessment -- Page 2

_____ Displays masturbation or other sexual behaviors

_____ Sleep disorders

_____ Rocking, head banging

_____ Physical handicaps

_____ School related problems

_____ Wetting, soiling, smearing

_____ Violence toward other children, siblings or pets

_____ Stealing

_____ "Tunes out," withdraws, won't listen

_____ Peculiar looking, unattractive

_____ Other factors that make this child difficult

Each check mark indicates increased high risk potential.

How can this be used in my agency?

-to identify the highest risk children for closer monitoring after placement
-to identify highest risk children prior to placement so worker can take extra time
-protective service or intake can collect this information while still working with the child in his own home
-to gather data base from which to advocate for specialized foster care, advanced foster parent training, etc.
-for use in supervision in work load planning, and case assignment

Assessing the Foster Family for the Purpose of Placing a High Risk Child

We will begin by examining some of the knowledge about prediction of successful placement. These are predictors of successful placements in general, not of placements of high risk children. In a six year study, Cautley and Aldridge (1973) found the following factors related to prediction of successful placement:

- Length of time spent by the social worker in preparation, and inclusion of foster father in the preparation.
- A relatively experienced social worker making the placement.
- The foster child is the youngest of children in the home.
- There are no pre-school children in the home.
- The prospective foster father describes his own father as affectionate toward him, and expresses warmth.
- A high degree of formal religiosity is negatively related to success.
- The prospective foster father's report of a democratic family structure (joint decision making between foster father and foster mother).

According to Walsh (1981), factors associated with stable placements were:

- A well-established, strongly functioning foster family.
- Good relationships with the extended family.
- Ability to tolerate unassimilated aspects of the foster child.
- Strong emotional coherence in the foster mother.
- Emotional involvement by the foster father with the child.
- A child-centered atmosphere

These factors are associated with successful placement outcomes for foster children in general. To date, there are no studies of successful placement of known high risk foster children. However, the variables which form a configuration of successful family functioning should be helpful in conceptualizing areas of assessment in selection of a home for the high risk placement.

In selecting a home for the high risk child, there are a number of important considerations.

- Experience of the foster family in handling this type of child successfully.
- Current stresses on the family.
- Training of the foster family (In-service and advanced training).
- Availability of supports and resources.
- The children who are already in the foster home.
- The ability of foster parents to communicate clearly with the agency about their needs.
- Background of the foster parents. Foster mothers who abuse or neglect their children are more likely to have been abused themselves as children. (Tobias, 1982)
- Time the family and worker can spend together preparing for the placement.

Overloading the Foster Home:

- "Specialized" foster homes, or the ones known by workers to provide good care, are likely to be overloaded with high risk children.
- Straus and Gelles (1980) found that "the likelihood of a parent abusing a child increases generally with the size of the family."
- The Vera Institute of Justice (1981) study found that overloading of a foster home was a variable correlated with abuse.
- Dawson (1983) found that experienced foster parents were over half of the cases involving maltreatment. The average length of time in fostering prior to the incident was 4.29 years. He attributes this 'burn out' to overloading.

Single Foster Parents

Throughout the placement literature, there has been some ongoing debate regarding the suitability of single foster parents. In some instances, the single parent may be the placement of choice (Donley, 1979). However, the findings of the Vera Institute of Justice (1981) study suggest that single parents who lack adequate support may be high risk. This impression is supported by a recent examination of complaints in Michigan. It is important to understand that the absence of supports may be more critical than the single status of the parent. Certainly single parents should not be excluded from consideration, but care should be taken to examine the financial, emotional and child care support system of the single parent, especially when placing a high risk chld.

Sibling Placements

Good practice dictates that we respect the sibling bond and make every effort to place siblings together. In many states, agency policy and legal precedent strongly support the practice. As workers we experience a tension between knowledge of the importance of the sibling bond, and knowledge of the effects of overloading foster homes. It appears that:

- Foster parents who come from large families, and/or have raised large families, know better what to expect in dealing with the placement of more than one child at a time.

- Minor violence between siblings is not unusual and should not preclude sibling placement if foster parents can assure safety of children.

- Workers must make fine-tuned judgements about the degree, frequency and seriousness of violence between siblings before a decision is made to separate them.

- In cases of sibling violence (or sibling sexual activity) it is important to look at the power differential and the degree of risk to the younger or weaker sibling.

- If a child is known to be violent to siblings, it is important to remember that the foster parents' children will also be "siblings." The structure of the family and ages of the children in the foster home should be assessed carefully.

- Similarly, if the child or sibling group is considered high risk, it is important to keep in mind the potential for abuse from older children in the foster home. Many former foster children relate stories of being victimized not by the foster parents, but by older children in the home.

- It appears that a significant number of discipline attempts that become abuse episodes in foster care are related to the foster parents attempts to intervene in or control children's aggression to each other.

MATCHING

In matching we attempt to "fit" the stress producing variables of the child with the coping skills and style of the foster family. Horner (1981) describes the following potential stress reducing matches:

- The passive aggressive or oppositional child with the family that is not introspective and is low in intimate interaction.
- The acting out child who is aggressive with the family which is accultured to physical interactions and consequences, and equates "rough" with masculine.
- The child with overdependent behaviors and an immature style with a family that values child dependency and has a high need for nurture.
- The child who doesn't attach with the family that is "already full" (i.e. feels complete) and that has a low need for balanced emotional exchanges.

What are some of the questions we might ask foster parents for the purpose of assessment and matching?

Which do you prefer, the child who is a handful, or the child who clings and needs you?

How much affection do you display in the family? How much affection do you expect back from a foster child?

How would you describe your family--active or quiet?

What things do kids do to get you <u>really</u> mad?

What was your worst problem and how did you handle it?

What would you change about yourself if you could?

What would you think if there was a complaint investigation?

What is a typical day like in your family?

How does your family handle problems and crises? Can you describe the way you solved your most recent family problem?

What changes are coming up in the next few months?

How have you handled separations from other foster children?

Are you suprised by the questions I'm asking?

SELECTING A FOSTER FAMILY FOR THE HIGH RISK CHILD

Summary Notes

In summary, before we begin the placement process we should have carefully thought through the following tasks and issues:

- Identifying the child who may be at high risk in placement.
- Identifying specific behaviors and developmental issues to be discussed with potential foster parents.
- Identifying that group of foster parents which is trained and experienced in handling this type of child.
- Increasing sensitivity to the consequences and the stressful effects of overloading foster homes.
- Examining the issues of sibling violence, and implications for placement of one high risk child or a high risk sibling group.
- Questions we would ask a foster family if considering placing a high risk child with them.

When the worker has identified characteristics of the child to be placed, and identified foster parents who have the experience and training adequate to the task, the initial steps begin.

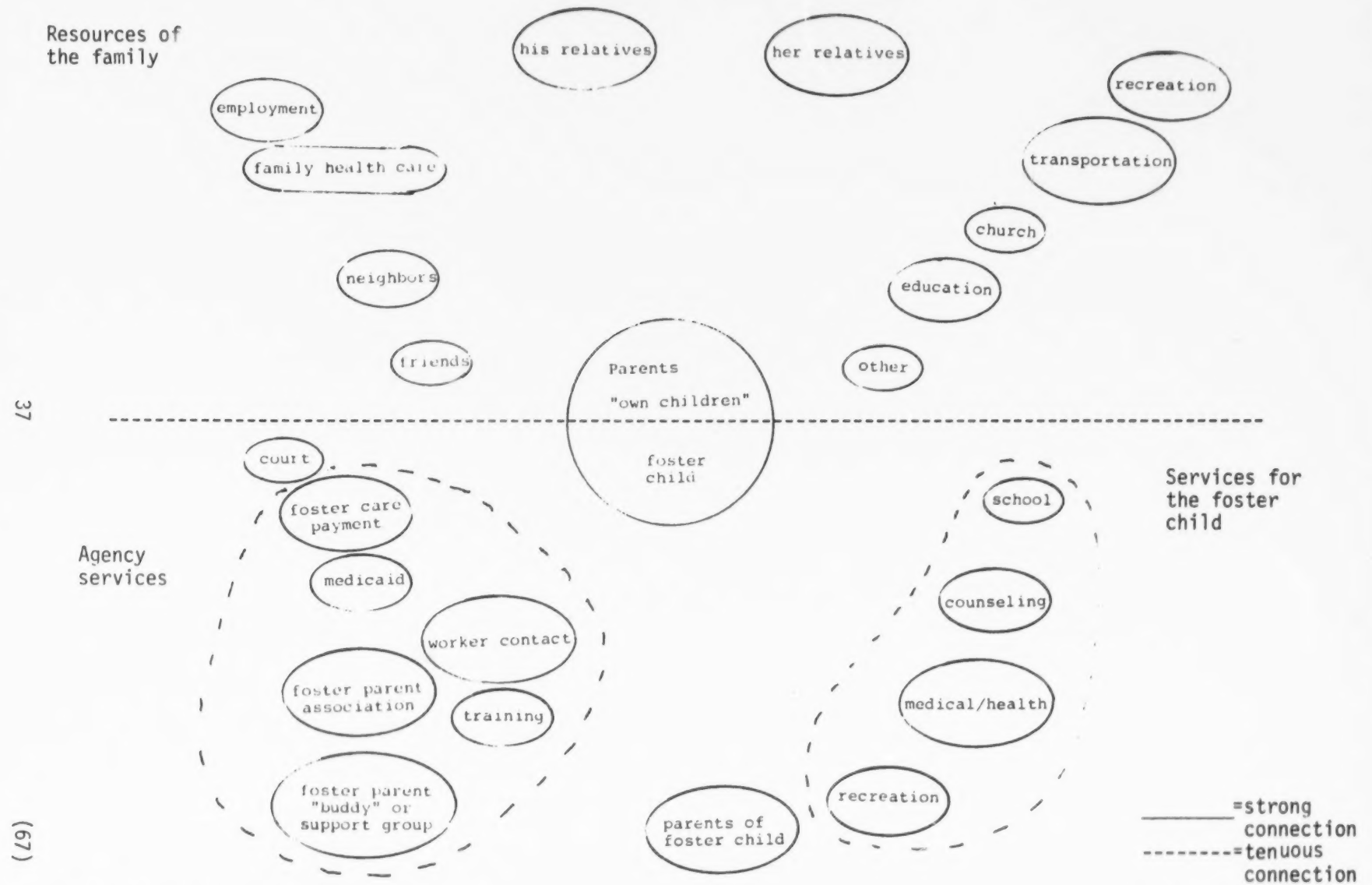
Mutual Assessment with Foster Family

It is important to keep in mind that foster families are not clients, and that careful assessment of their capacities to handle a high risk child is in their interest as well as the child's. Although a thorough home-study may have been done for licensing or recertification, it is important for the worker to assess with the family their capacity to deal with the characteristics of a specific child.

In using family centered practice assessment tools, the focus is always on the mutuality of the process. The worker may need to have certain information in order to make an informed decision, but the ability of the foster family to make an informed decision is equally important.

Foster parents have the right to be thoroughly informed about the child before accepting him into their home (Hardin and Tazzara (1982)--see Appendix B). In sharing with the foster parents the data collected about the child, it is useful to clarify the expectation of confidentiality. Also, it is important to discuss the child's strengths and capacities as well as the problem areas.

FOSTER FAMILY ECO-MAP*



*Adapted from the eco-map by Ann Hartman.
See "Diagrammatic Assessment of Family Relationships."

BEST COPY AVAILABLE

Beyond the exchange of information, it is useful to help the family examine the current stresses and resources in their life, and to take a preliminary look at how the structure of their family would be affected by and would affect the child to be placed.

Stresses and Resources

The eco-map, developed by Dr. Ann Hartman (See "Diagramatic Assessment of Family Relationships", Appendix C) has been adapted for use with foster families. The foster family eco-map contains stressors specific to the foster family, such as court, agency, natural parents, etc.

In asking the foster family to fill out the eco-map, the worker helps them to objectively identify stressors and resource deficits before the placement of a new child.

Additionally, the eco-map can provide a basis for developing a plan for the potential foster child. The worker can add to the map the stresses and resources which would be associated with placement; a new set of birth parents, the need for specialized health care and transportation to numerous appointments; and the recommended foster parent training which might enhance understanding of the child's needs.

At a later point, the eco-map can provide a basis for contracting around the needs of the child, and monitoring and evaluating the placement.

Family Structure

In order to help the foster family examine the structure of their family, and how a child might fit in, the worker can rely on either of two techniques--structural mapping or family sculpting.

In mapping, roles, lines of authority, coalitions, and boundaries are diagrammed on paper. In sculpting, family members physically arrange themselves to demonstrate positions within the family.

In either case, a number of questions can be used to help the family sort out their positions:

- Who's the boss? Who is in charge of the children?
- Is there anyone who is spending less time at home?
- Is there anyone spending more time at home lately?
- Is anyone leaving soon?
- Which kids are closest to each other? What do they do for each other?
- Is anyone fighting with anyone else lately? How come?
- (To parents) Which kid(s) are you closest to? Who needs you the most? What happens if you pull back?
- Other questions I might want to ask?

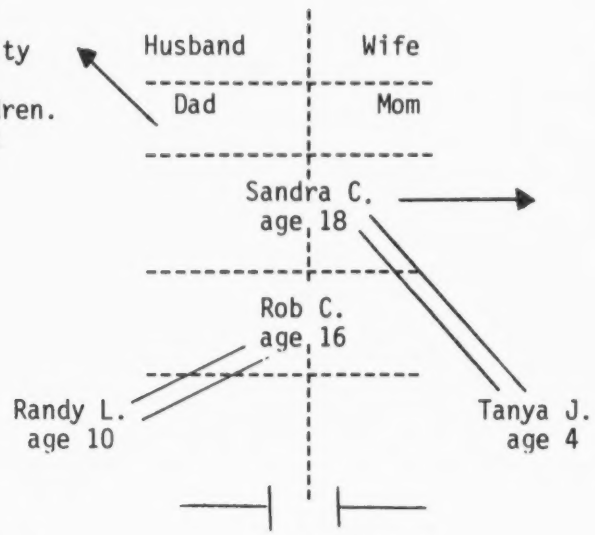
When the foster family has assessed and described their current family structure, it is possible for them to raise questions about how the potential foster child would fit in, and how positions in the family might shift. The preplacement visit of the potential foster child is a good opportunity for the foster family to test out its hypothesis and see if adaptations can be made which are not unduly stressful.

If, in this process, the foster parents perceive the worker as sitting in judgement, it may be awkward. If the worker is able to convey that her purpose is to facilitate the foster family's decision-making, and if the sculpting or mapping can be handled with a sense of fun, the process is well worth the extra time involved.

How can I help the entire foster family relax and enjoy the mutual assessment?

Structural Map
The C. Family

Sandra and Rob C.
Caretaker -
Assistant Parent
delegated authority by Mom. Very involved with children. Sandra moving out soon.



Spouse System
strong boundary-make time to be alone together
Parent System
Mom is executive - plans and manages. Dad working extra job now - not as much time with the kids. He's the authority figure.

Child System
Two foster children, some fighting over possessions. Rob involved with Randy to keep him from "picking on" Tanya.

Coalition with Rob around sports

Conflict between Randy and Tanya

Questions: If a 6 year old boy is placed, where will he fit in?

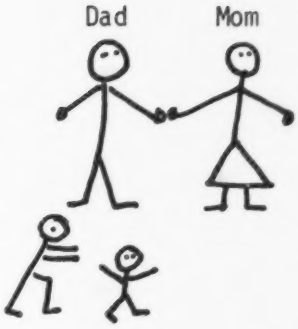
When Sandra leaves, will someone (Mom, Rob) become more involved with Tanya?

How might the new child get involved with conflict between Randy and Tanya?

With Dad working two jobs, one caretaker gone, and an extra child, would Mom be overloaded? Would parents have enough time and energy for spouse relationship?

Sculpting

The C. Family



Close to Mom
but looking
over his shoulder
at extra work

Rob
reaching out
to Randy to
keep him
from picking
on Tanya

Randy
provoking
Tanya

Watching Sandra leave

Sandra
("one foot out the door")

Tanya
hanging on to Sandra
reaching for Mom
back to Randy

Things to remember about sculpting.

SESSION 4

MONITORING: MORE PREVENTION POINTS

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Introduce placement agreement.
2. Identify support systems.
3. Identify "red flags."
4. Identify two levels of response to red flags.
5. Assign additional reading.

Methods:

1. Discussion. Ask trainees to examine sample placement agreement. How realistic is it? What other areas should be addressed? Ask worker who is placing a high risk child to role play the contracting process. Ask group to summarize (p.44 and 46) what issues they would want to address in contracting.

2. Small group exercise. Divide trainees into small groups according to their unit or agency. Ask them to spend 15 minutes assessing support systems in their agency using (p.47).

3. Small group exercises - "Red Flags". Give definition of red flags, and an example from own experience. It helps to give an example you did not pick up on at first, and express your feelings and the reasons for your denial.

   Brainstorm reasons foster parents may be reluctant to ask for help. (p.49)

   Clarify two levels of response - verbal and action. Divide into 4 small groups. Assign each group a page (50-53) asking them to identify red flags that they have noted. Instruct the groups that at the end of 15 minutes they will reconvene to share red flags with the large group. List red flags reported and encourage trainees to write them down.

4. Group activity. Ask trainees to remain in same groups, or to divide each small group in half. Using "Responses to Red Flags" (p.54) answer the questions listed. At conclusion of small group discussion, invite the small groups to share their responses with the large group. Using p. 55, staff a red flag situation identified by participant.

   Summarize the two levels of response needed, and summarize (p.56) monitoring issues.

5. Assign the reading "What the Bible Says About Punishment" (in Appendix F) in preparation for the next session.

SESSION 4

MONITORING: MORE PREVENTION POINTS

In Session 4 we will be examining four more prevention points which are all part of the important task of monitoring the placement:

- Contracting at the time of placement.
- Identifying support systems for foster families.
- Identifying red flags (signals that a child may be at risk in placement).
- Responding to red flags.

We will attain the following objectives:

- Develop a placement agreement for a foster family around the placement of a high risk child.
- Identify supports for foster families which are needed, and decide if they are available and, if not available, determine alternatives.
- Identify ten red flags that a child may be at risk in a particular placement.
- Identify two levels of response to red flags.

When we dicuss the prevention points listed above, it is important to keep in mind the importance of monitoring each and every child in care. The Vera Institute of Justice Study (1981) indicated that failure to monitor a child in care was correlated with abuse (Miller, 1982). The later sessions on clear expectations, managing behavior, adolescent abuse, and sexual abuse all similarly address the overarching issue of monitoring.

CLEAR EXPECTATIONS: CONTRACTING AROUND THE PLACEMENT OF A HIGH RISK CHILD

Whenever possible, a pre-placement visit is recommended when placing a high risk child. The visit may raise concerns for the foster parents which they will want to discuss with the worker.

The session following the pre-placement visit, and prior to the placement of the child provides an opportunity for contracting, and clarifying expectations. Like assessment, contracting is a mutual process. If foster parents believe they may need extra supports in handling a child, they should be encouraged to make the request. If the worker has specific concerns, they should be addressed in the contract.

For example, there are certain discipline techniques which may be permissible within the guidelines of the agency policy, but which would be inappropriate for a specific child. Although spanking may be allowed by policy, it might be dangerous for a provocative child. Although brief periods of isolation may be allowed under the discipline policy, a child with a history of abandonment or who had spent time locked in a closet would not benefit from this technique.

What are specific areas that should be addressed in contracting around the placement of a high risk child?

1. known high risk characteristics

2. appropriate or permissible discipline techniques with this child

3. extra work involved co-ordinating resources for the child

4. training needed to understand child

5. when and how to ask for help

6. supports to be provided, and workers role in obtaining supports

7. worker contact, type and frequency

8. time frames

9. emergency phone numbers

CLEAR EXPECTATIONS: CONTRACTING AROUND THE PLACEMENT OF A HIGH RISK CHILD

PLACEMENT AGREEMENT

Jimmy R. age 5 1/2 is removed from his parents at age four due to severe physical abuse (broken ribs and internal injuries). He subsequently was removed from two foster homes. In both homes he "asked" for physical punishment, inluding taunting and kicking the caregivers. In both instances, what started out as a spanking left marks and bruises on Jimmy, as he wiggled, fought back, and provoked the spanker until the spanking was out of control. Jimmy is in regular kindergarten, but the school is considering whether to have him repeat kindergarten, and give him a chance to "catch up" or to place him in a Special Education first grade class.

In accepting Jimmy into our home, we understand:

- That Jimmy has been known to be aggressive toward younger children, and we will supervise him carefully.

- That although the agency discipline policy does permit spanking, we will not use physical punishment on Jimmy, due to his prior history of physical abuse.

- That we will use other methods to manage his behavior (time out--sitting in a chair, restraint such as holding on lap if needed, and rewarding good behavior) so that Jimmy's provoking interaction pattern can be changed.

- That we may need to do extra work with the school, and obtain special education evaluation around his school placement.

- That we will enroll in the foster parenting course on "Fostering the Battered and Abused Child" so that we can work with Jimmy effectively.

- That we will keep track of the times when Jimmy appears to be trying to provoke physical punishment, and will call the worker immediately if we need help. If the worker is not available, we are to contact her supervisor, Ms. Jones.

_____
SIGNED

In placing Jimmy with the Browns, I agree to:

- Visit weekly during the adjustment period of 6 weeks, then

contact them weekly by phone, visit once a month, and be available as needed.

- Assist them in planning behavior management techniques, or quickly arrange for treatment if needed.

- Inform them when the foster parenting class begins, and provide them with books and articles from the agency library.

- Assist them in working with the school and obtaining psychological evaluation.

_____
SIGNED

Are there other items which should be included in the placement agreement?

- Phone numbers such as worker's home phone, crisis line, supervisor's number may be included.

- Additional services required by the child may be included.

- A more complete behavior management plan for the child may be appended.

How does this agreement help us in monitoring the child?

- It spells out expectations clearly.

- It clarifies resources available for the child, and the foster family.

- It clarifies the foster family's responsibility to ask for help.

- It sets up worker accountability.

How is this agreement different from other contracts or agreements used with foster parents in my agency?

- Many agencies use a general contract or agreement with foster parents at the time of licensing. This placement agreement is far more specific in terms of tasks and responsibilities of both worker and foster parents.
- Many agencies involve foster parents in the permanency planning contracts used with the child's biological parents.
- This agreement however, is focused specifically on the foster family, not the natural family.

FOSTER PARENT SUPPORT SYSTEMS

Foster parents, like other people, often develop informal natural helping networks to alleviate the pressures of fostering. Agencies which have been placing high risk children have developed a number of creative support systems for foster families. We will examine both agency generated and foster parent generated supports, and will discuss them. (See "Developing Foster Parent Support Systems" in Appendix D.)

In my agency, the supports we have are:

The supports we need are:

What do the foster parents think they need?

The top priority support needed is:

How might it help prevent stress for the foster families?

People who might work on implementing it are:

IDENTIFYING AND RESPONDING TO RED FLAGS

Red Flags are signals that something may be amiss. They alert us to examine a situation more carefully. The existence of a red flag does not necessarily indicate that there is a potentially abusive situation. It may simply signal that the foster family is experiencing stress, or that the child is having difficulty but is not in any danger. Unfortunately, the way we often learn about red flags is in retrospect--after a placement has been disrupted, or after a complaint has occurred. We think about contacts after the incident, and realize that subtle cues had been overlooked. It is useful to understand that there may be two sets of denial at work; the denial of the worker who wants to believe that the child and foster family are doing well; and the denial of the foster family that they are in more difficulty than they wish to admit. The denial may often be exacerbated by the foster family's wish for maintaining privacy and their fear that addressing a problem might lead to removal of the child.

Case Vignettes

During a routine home visit, the worker was asked by Mrs. Jones if she knew of a good attorney, as a friend of hers was having marital problems and considering a separation from her husband. After the placement disrupted, it became evident that the foster father had been abusive to the foster mother, and was threatening the foster child.

* * * *

Mr. Smith grumbled during a telephone contact that he wasn't very happy with his teenage foster son. He felt that he wife was "just too involved with his problems." Then he assured the worker that "everything is just fine, and there's no reason for a home visit". Several months later, it became evident that the foster mother and foster son were involved in sexual activity.

* * * *

A foster parent began telephoning persistently to complain about attending required training. Even though child care was available, she was reluctant to use it, and she didn't want to leave the children at home with the older children in charge. After several such phone calls, the worker picked up the message that the foster parent was concerned, not about training, but about the relationships between the children. Further information revealed that one of the foster children was being abused by an older sibling.

* * * *

In thinking about red flags we do not need to assume that foster parents are intentionally dishonest or misleading. There are a number of possibilities why foster parents may not ask for help directly. Some of these are:

- foster parents don't realize that the problem is severe, or don't understand that it exists
- foster parents fear of worker's authority
- foster parents displace anxiety
- inability to discuss "personal" or "family" matters
- avoiding a painful loss of self-esteem
- not wanting to "bother" the worker
- confusion about the situation
- workers have been unresponsive in the past
- not knowing how or when to ask for help
- other:

Immediate Responses to "Red Flags" - VERBAL

What do we say when a foster parent tells or shows us something which is a red flag?

- Clarification--"I'm not sure what you were asking, could you explain it again?"
- Exploration--"Could you tell me more about that?"
- Reflection of feeling--"You sound concerned about that."
- Probe--"What do you mean, your wife is too involved with your foster son?"
- Tell me what it's like to spend a day with Johnny.
- Other:

Secondary Responses to "Red Flags" - ACTION

What actions do we take in response to a red flag?

- home visit
- observation
- more data collection
- interview the child
- confrontation (I feel ____ because _____)
- offer assistance to foster parents
- put additional supports in place
- (at times) request investigation
- check with medical personnel
- ask for physical exam of child

EXAMPLES OF RED FLAGS FROM PRACTICE EXPERIENCE

Health

Example: **A dramatic gain or loss of weight by a foster parent.**
Frequent illness of a foster child.

- frequent chronic illness of another family member
- medical appointments for child postponed or not kept
- foster parent unusually fatigued
- pregnancy, false or real

Family Process

Example: **A pet or younger child appears fearful when an adult speaks.**
One of the foster parents is usually withdrawn when interacting with spouse or worker.

- One person talks for the whole family. Other family members seek non-verbal "permission" before speaking.
- One of the foster parents' "own" children is acting out.
- Denial of conflict, no communication of feelings.
- One parent excessively authoritarian and one parent very permissive.
- Parents don't set limits on child's behavior.

Economic

Example: **Sudden or unusual overconcern with reimbursement.**

- complaints about expense of the child
- foster father takes on extra job
- mother begins working

Isolation

Example: **Drops out of training or other foster parent activities.**

- can't transport child to appointments
- changes in patterns of church attendance
- won't come to foster parent activities

From Direct Observation by the Worker in the Foster Home

- fights between children in the home
- one family member (father) involved
- one family member overinvolved with child
- housekeeping has deteriorated
- conflict between foster parents regarding the child
- discipline "threats"
- child unfavorably compared to other children in the home
- overfocus on one child as "favorite"

From Collateral Contacts

- teachers, doctors, therapists, etc, may sound concerned but don't articulate reason
- neighbors, babysitters are concerned about difficulties with the child
- other foster parents express concern
- police reports
- media-newspaper items (arrests, sentencing, etc.)
- other workers using the home
- natural parents

From Information Given to Licensing Worker Regarding Change in the Foster Family Situation

- move to a new home is not a "step up"
- loss of employment and/or foster mother seeking employment
- marital separation
- request to be licensed for fewer children
- other--such as foster parent motivation for fostering is infertility due to sexual dysfunction
- retirement
- husband doing shift work, wife working
- change in appearance of the home

From Observation Outside the Foster Home (at training, meetings, etc.)

- foster parent complaining about lack of agency support
- foster parent feels need to escalate discipline
- foster parent angry with worker
- foster parent sleeps in training
- foster parent says in training "I have a friend who..."

From Telephone Calls

- no calls
- frequent calls with nothing to say
- foster parent hesitant to set up appointment for home visit
- slurred, disjointed speech
- never home
- questions about limits of policy
- "Yes, but"

From Contact with the Foster Child

- runaways
- child seems to have secret or won't discuss foster family
- child shows extremes of despression or aggression
- child wants to move, won't say why
- child doesn't want to return from respite or camp

Foster Child Appearance or Behavior

- poorly dressed
- doesn't eat well, or always ravenous
- child fearful of foster parents: too good, too quiet
- "accident prone" bruises and bumps
- child appears in discomfort when sitting down
- child fearful of worker
- child withdrawn or aggressive
- child develops allergies
- child clings to worker

Foster Parent Communication with the Worker

- poor eye contact, other nonverbal behavior such as agitation (finger drumming, leg shaking) and overcontrol (clutched fists, rigid posture)
- seems to be avoiding or changing the subject
- suggests that the child should be returned home or placed elsewhere
- increases complaining about child's behavior

Other

- Complaints from other foster children who used to be in the home. This underscores the importance of exit interviews when children leave foster care and may feel safe enough to talk.

RESPONSES TO RED FLAGS

Question: "Nothing I do with Johnny seems to work except a very hard spanking or threatening him with a whipping. When I am very, very firm with him, he quiets down. Isn't it okay to bend the discipline policy a little to help Johnny adjust here?"

Possible Responses by the Worker

- Sounds as if you're frustrated---
- Can you tell me more?

Information Needed

What do you mean by hard spanking? Under what circumstances? How often? How do you show him you're very firm? What do you mean by whipping?

Clarifying Expectations

No, we can't bend the discipline policy. Hard spanking and whipping are prohibited. We would have to remove Johnny and your license if you did.

Offering Assistance

How can I help?
Can we develop a plan together to manage his behavior?
Have you tried foster parent training?
Would it help to talk to another foster parent about what worked for her?

Action Steps to be Taken

- frequent monitoring
- develop behavior management plan
- talk to Johnny privately
- foster parent training

RESPONSES TO RED FLAGS

Select one "red flag" identified by the group, and assess the following:

Red Flag

Possible Responses by the Worker

Information Needed

Clarifying Expectations

Offering Assistance

Further Steps to be Taken

SUMMARY NOTES

How many supports do we need to put in to preserve a placement? Is there a point of diminishing returns?

Foster parents are not clients. They are members of the team. If we are noting a variety of red flags, or are feeling a constant need to support and monitor the home, perhaps we should re-assess the suitability of the home. Although we would go to great lengths to keep a child with his own family, liability constraints and the reality of practice compel us to expect that we should not have to be constantly supporting a foster family. Rather, we put more natural supports (buddy system, training) into place, so that foster parents can learn, grow and support each other.

Things to think about in monitoring a placement:

The importance of medical care and frequent check-ups. Often medical practitioners pickup on red flags we might miss. A medical exam may be helpful in assessing a red flag situation. It is important for the worker to follow through in contacting the physician after the exam.

Exit interviews; when a child leaves a home, or leaves the system can give a child an opportunity to talk when he feels safer.

Groups for foster children give them a safe opportunity to discuss and show feelings about a placement.

Individual interviews and family interviews are both useful and needed. In family interviews the worker can observe the interaction between child and foster parents. In individual interviews the child has an opportunity to confide in the worker.

All staff involved with a home should regularly compare notes. The presence of red flags show a need for a staffing.

Two workers are better than one in home visits if there is question about a home. One can observe the family process while the other is more actively involved.

SESSION 5

THE WORKER'S EDUCATIONAL ROLE

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Clarify worker's educational role with foster parent and educational resources.

2. Clarify the meaning of discipline vs. punishment.

3. Clarify discipline expectations for foster parents.

4. Assign supplemental reading.

Methods:

1. Group discussion - The worker's educational role.

   Ask participants to share their experiences in educating foster parents. Provide lots of positive reinforcement. Ask participants to think of one additional thing they could do easily to help educate foster parents (e.g., bring a relevant article on a home visit). Brainstorm or ask participants to identify training for foster parents which would be useful for prevention. Ask participants to complete the foster parent training checklist. (p. 59) If they are not familiar with pre-service training content, request that they check it out before the next session. It is important for workers to know the content of foster parent training so they can reinforce it.

2. a. Values Clarification Exercise.

   Explain that participants can arrange themselves along an imaginary line to demonstrate their position between two choices.

Children should be seen and not heard.	vs.	Children should express themselves.
I would never spank my child.	vs.	I would spank my child.
Spanking teaches them it's O.K. to hurt others.	vs.	Spanking teaches them right from wrong.

I was spanked as a child.	vs.	I was never spanked.
Discipline is teaching.	vs.	Discipline is control.
Spanking is discipline.	vs.	Spanking is child abuse.
I would rather be hit.	vs.	I would rather be scolded.
I would rather have my mouth washed out with soap.	vs.	I would rather be sent to my room.
If I were hit, I'd think it was for my own good.	vs.	If I were hit I'd fight back.

(You may add items)

Summarize variance in values among staff!

b. Small Groups - Discipline vs. Punishment.

Divide into small groups asking each group to develop a definition of discipline that they could use with foster parents; and to answer the question (p. 62) as to what punishment teaches the child.

3. a. Role play - Clarifying Expectations Using Discussion Points with Foster Parents. (p. 63-65)

Briefly discuss responses and issues involved with the first example (p. 63). Invite two trainees to role play the worker and foster parent. Encourage the worker not to back down, and to bring the discussion to resolution. Following the role play, discuss and summarize the issues involved. Repeat the procedure with the other two examples in the manual, or with case situations about which participants have expressed concern.

b. Brainstorming - Clear Expectations.

Divide into small groups using two examples on p. 66 and/or related case material from workers. First, identify issues that may be involved, then brainstorm solutions. Have all groups report to the large group following brainstorming.

c. Clear Expectations Checklist. (p. 67)

Can be filled out at close of session or taken back to the agency for completion.

4. Assign readings on Child Behavior (in Appendix G) as preparation for the next session.

SESSION 5

THE WORKER'S EDUCATIONAL ROLE

In Session 5 we will be working together to attain the following objectives:

- Identify the educational resources needed by foster parents for the prevention of abuse.
- Give a clear definition of discipline to foster parents, and establish a clear expectation of appropriate discipline.

The Worker's Educational Role

Foster care workers have many roles in working with foster families. They monitor the compliance of the home with regulations; they monitor the placement of the child; they help clarify the foster parents' role in the permanence plan.

A newer role for the foster care worker is the educational role. This role can be enacted through a range of approaches.

With a Group of Foster Parents

- The worker can plan or coordinate formal group training sessions using outside consultants.
- The workers can be the trainer for a workshop or ongoing class.
- The worker can facilitate group discussion at small informal foster parent groups.
- The worker can help foster parents to set goals for their professional development.

With Individual Foster Families

- The worker can provide books and articles for foster parent reading, and discuss with foster parents what they have learned and how they can apply it.

- The worker can be a broker, informing foster parents of training resources in the community.

- The worker can discuss and reinforce the content of training when working with foster parents to plan for a child.

- The worker can teach foster parents, in the context of home visits, the process and techniques of assessing a child's behavior.

Within the Agency

- The worker can identify through case conferences and staffing, the types of training needed by foster parents.

- The worker can establish a formal needs assessment to be used by foster parents and staff in developing training.

- The worker can identify types of training needed to facilitate programmatic change, i.e., with an increased focus on permanence planning, foster parents need for training in working with biological families.

If the agency has a goal of preventing (or reducing the incidence of) abuse in foster care, it is important to put in place the type of training for foster parents which will support this goal. The National Foster Care Education Project has developed a foster parent training workbook, Fostering Discipline, which provides foster parents with alternatives to corporal punishment in managing child behavior.

What other training topics for foster parents might be useful for the prevention of abuse in foster care?

EXAMPLE--Fostering the teenager, or adolescent development:

1. Fostering the Battered and Abused Child
2. Handling Lying and Dishonesty
3. Emotional Development: Fostering the Child's Identity
4. Handling Destructive Behavior
5. Foster Parent-Worker Communication

FOSTER PARENT TRAINING CHECKLIST; PRE-SERVICE TRAINING INCLUDES:

_____ Foster parents receive an overview of the legal status of foster children including the temporary nature of foster care and their rights and responsibilities vis-a-vis the child's family.

_____ Foster parents learn about separation trauma and the importance of the child's family to the child's self-esteem.

_____ Foster parents understand the agency discipline policy, and have an opportunity to discuss appropriate and acceptable alternatives to physical discipline.

_____ Foster parents know the role of the agency staff (licensing, placement, ongoing workers and supervisors).

_____ Foster parents have explored community resources and the way the foster child can benefit from them.

_____ Foster parents understand the impact of fostering on a marriage, on the parents' children, on the extended family and within the community and neighborhood.

_____ Foster parents discuss the financial aspects of fostering.

_____ Foster parents understand typical problems of foster children.

_____ Experienced foster parents are active participants or co-leaders in the training. Their expertise is used to give a realistic presentation of the joys and difficulties of fostering.

_____ Foster parents are advised of the special considerations in providing for the safety, supervision of children.

_____ Foster parents are participants in role plays or simulations which provide maximum involvement for the trainees.

_____ Foster parents begin self-assessment of their activities to handle children, their strengths and their needs is an ongoing theme.

_____ Foster parents are informed that their capacities are highly visible as foster parents, and that it is not unusual to have a neighbor, a community person, or even a foster child make a complaint. The purpose and process of the agency handling a complaint is explained.

_____ Foster parents receive guidelines about how and when to contact the worker if help is needed in managing a child's behavior.

_____ Pre-service training is required!!

Discipline

Many abuse episodes in foster care are the result of foster parents' attempts to discipline the child. In our culture, the use of force, violence or physical punishment is linked with the idea of parental discipline.

Webster's Dictionary (1975) defines discipline as--

DISCIPLINE - (teaching, learning)

1. instruction
2. a subject that is taught: a field of study
3. training that corrects, molds or perfects the mental faculties or moral character
4. punishment
5. a. control gained by enforcing obedience or order
   b. orderly or prescribed conduct or pattern of behavior
   c. self-control
6. a rule or system of rules governing conduct or activity

How does the definition of "discipline" differ from the notion of discipline as punishment or force?

Stresses learning. Punishment is only one way to teach.

How would you define discipline to a foster parent?

Same as dictionary's above. Show how discipline policy fits this definition.

Societal Norms Supporting the Use of Physical Force

- Religious. "Withhold not correction from the child: for thou shall beatest with the rod, he shall not die. Thou shall beat him with the rod, and shall deliver his soul from Hell." (Proverbs 23:13-14)

- Historically, our nation has resorted to war in order to gain independence, preserve the union, protect national interest, and expand territory.

- Familial, "Almost everyone's first experience with violence comes as physical punishment--usually being slapped as a child. Numerous surveys show this is almost universal, i.e. over 90% of all American parents hit their children" (Straus and Gelles, 1980, p. 102).

- Literature and the media. Fairy tales, nursery rhymes, TV cartoon show.

- What other sources can you think of that encourage family force?

Arguments against the use of physical punishment

If discipline is teaching and guidance, what does physical punishment teach the child?

> -"Lesson One...Those who love you the most are also those who hit you...here lies the basis for the link between love and violence which is so much a part of the human experience. Seen in its extreme form, there are people who can enjoy sex only when it is accompanied by violence or violent fantasies.
>
> -Lesson Two...The second of the unintended things learned through physical punishment is the idea that violence can and should be used to secure good ends-- the moral rightness of violence...Since violence is used to train the child in morally correct behavior or to teach the child to avoid injury, it establishes the moral rightness of hitting other members of the family.
>
> -Lesson Three...A third unintended principle learned through physical punishment is the idea that violence is permissible when other things don't work. (Straus and Gelles, 1980, p. 102-104)

The Bible contains other passages which refute violence:

-"Fathers, do not arouse your child's anger, but bring him up in the instruction and admonition of the Lord" (Ephesians 6:4)

-"Turn the other cheek," (Matthew 5:39)

-For further exploration, see Evelyn Felkers's statement in Appendix F.

Punishment is only effective in controlling behavior under very specific circumstances:

-It must be immediate.

-It is applied to each instance of misbehavior.

-The subject is not habituated to the punishment.

-The higher the intensity of the punishment, the more effective it is.

-Rewards for good behavior alternatives are available.

Therefore, it is inconsistent with normal parenting activity when children cannot be monitored constantly, and "high intensity" is excessive. There are side effects of punishment. The punisher becomes an aversive agent or stimuli and punishment effects are short-term.

Physical punishment does not "express love" and "clear the air."

- It expresses power, control and the ability to inflict pain.
- The child reacts with fear, hurt or anger.
- It may ventilate the parent's frustration, but it generally closes down communication. 62

Physical punishment does not, over the long run, protect people and property.

- It increases the tendency for use of violence.
- It increases the intensity of aggressive behavior.

Discussion Points with Foster Parents

Question: "I've always spanked my children and it has worked fine. I treat all of my children and foster children the same. If you are asking me to use different discipline, isn't that creating double standards?"

Possible responses:

- "Are all the children really treated the same?"
- "Don't you have a different approach even with your own children? Some might respond to a lecture and others respond to taking away a privilege?"
- "Your own children have years of attachment and trust you. Isn't there a difference with the foster children?"
- "Yes, it may be a double standard, but these are the reasons we feel it is necessary..."
- "If one of your children was diabetic, wouldn't you feed him different foods than the other children? Or would you allow him to eat sweets?"
- "What might the consequences be of treating a foster child differently? What are you thinking might happen?"
- How might an abused child react to spanking?"

Issues:

- Foster parents fear of loss of control.
- Foster parents are denying the difference between their own and foster children.
- Individualized behavior management based on the foster child's needs is a goal.
- The worker has the right to insist on discipline of the foster child. Some workers feel that to tell the parent how to handle their children is an intrusion of family boundaries. However, the foster child is affected by seeing other children disciplined.

Question: "The Bible and my minister say that it is important to chastise children. Are you asking me to go against my religious beliefs?"

Possible responses:

- "Could you explain what you mean by chastise?"
- "In your overall religious beliefs, how important is "chastising" to you?"
- "Is it possible that "chastise" means something other than spanking?"
- "Have you read what Evelyn Felker, another foster parent, says about the Bible and punishment?"
- "I think it's important for you to know what the agency expects and what its reasons are. We are not asking for you to go against your religious values. We want to give you the opportunity to think about whether or not you could be comfortable with the agency expectations on discipline."

Issues:

- How deeply embedded is the belief? What does it mean to the foster parent.
- Is the belief part of a rigid character structure, or is it something that could be changed.
- We cannot tell people what to believe, but we can stand firm on agency policy.
- Other.

Question: **"I treat my kids good, but we all know that most parents spank and hit their kids. Why does the agency set such strict policy that goes against the way most people raise their kids?"**

Possible Responses:

- Can you explain how you treat your children good?
- How did you decide to treat them that way?
- Why do you think foster parents should or shouldn't spank?
- Do you find the agency policy is too strict?

Issues:

- Experience of foster children
- Liability issues
- Is foster parent testing limits?
- Schools often are allowed to use corporal punishment prohibited to foster parents

CLEAR EXPECTATIONS OF FOSTER PARENTS
BRAINSTORMING

PROBLEM: Foster parents are grumbling about the discipline policy, or saying to workers that they are not following the guidelines. Some workers are reluctant to push the issue for fear of losing foster homes.

Suggested solutions:

(Example) Set up a foster parent/staff task group

Provide training for foster parents

Recruit new homes

Provide other discipline policies for comparison

Develop a position statement with which all workers can agree

Relevant Issues:

(Example) Agency Liability

Foster parents do not know alternatives

Foster parents feel workers do not understand, or are not supportive

Workers are fearful of losing homes

PROBLEM: Foster parents are reluctant to attend required training sessions, as they are "too busy" and "don't need it."

Suggested solutions:

Different type of training

Involve foster parents in planning

Set up a family retreat or camp with training

Use master foster parents to deliver in home training

Relevant Issues:

Training may not be fun or useful

Foster parents may need child care or respite care to make time

Meeting state requirements to continue being licensed

Foster parents being "too busy" may be a red flag

CLEAR EXPECTATIONS CHECKLIST:
Which of the following occur in my agency?

_____Agency has clear and specific written discipline policy.

_____Foster parents see this policy before applying for license.

_____Licensing worker discussed discipline and policy during homestudy.

_____Expectations and/or discipline policy are covered in pre-service foster parent training.

_____Hypothetical examples of discipline situations are discussed during licensing process.

_____Hypothetical examples of discipline situations are discussed or enacted in pre-service training.

_____Before licensing, the foster parents verbally agree and agree in writing to discipline policy.

_____Before a child is placed in the home, general expectations for discipline are reviewed by the placing worker.

_____Before a child is placed in the home, specific expectations regarding age and situation appropriate discipline for the individual child are reviewed and agreed upon.

_____The discipline policy clearly states what forms of discipline are prohibited.

_____The discipline policy states what forms of discipline are acceptable.

_____The discipline policy or other written material states when foster parents should ask for help regarding discipline.

_____The discipline policy or other written material explains what is appropriate by age or state of development.

_____The discipline policy or other written material discusses the importance of the natural parent to the child, and the necessity for refraining from disparaging comments about the child's family.

_____In-service training addresses the topic of age appropriate discipline.

_____In-service training addresses the foster child's self-esteem and involvement with natural parents.

_____In-service training involves foster parents in finding creative discipline alternatives.

SESSION 6

WORKING WITH THE FOSTER FAMILY IN ASSESSING AND MANAGING THE CHILD'S BEHAVIOR

INSTRUCTOR'S INTRODUCTION

Purposes:

1. Learn how to improve communication with foster family.
2. Examine the meanings of behavior.
3. Learn how to set priorities.
4. Learn how to develop a plan for high risk child behavior.
5. Assign supplemental reading.

Methods:

1. Brainstorming - communication with foster parents.(p. 69-70)

   Divide into five groups and assign each group one question to brainstorm. Have groups share responses at conclusion.

2. Group Discussion - joint assessment and the meaning of behavior.

   Write the four questions (p.73) on the blackboard. Introduce by emphasizing the importance of joint assessment and the worker's role in facilitating the foster parents' problem solving abilities. Discuss the four questions, especially the importance of what the behavior means to the foster family. Demonstrate the four questions by brainstorming why a foster child might lie (p.74), why it would upset foster parents, and the long range consequences. Divide into two groups. Ask one group to examine case material (p.76) on Rita from the workers perspective, and the other group to take the foster parents perspective. Examine congruence, and point out the need for both parties to achieve a common understanding.

   Briefly review issues of normal development and issues of foster child experience. (p.77)

3. Mini-lecture and Discussion - Setting Priorities. (p.80-85)

   Examine data collection and use of the information sheet. Accurate problem identification is a key to setting priorities. Discuss identifying high risk behaviors and therapy vs. worker assistance.

4. Role Play (allow 45 minutes to an hour).

   Using the two sample behavior problems (p.86-87) and/or case material workers have brought, divide the groups into groups of four. Two members are the foster parents, the third is the worker, and the fourth is an observer who will give feedback. The task is to:

   1. Go over "Four Questions"
   2. Develop a plan for the behavior (p.88)

   Conclude by discussing the experience. What worked, what were difficulties? Emphasize the importance of close monitoring of the plan. (p.85-86)

5. Suggest that workers may want to review at a later date some of the readings for foster parents listed in the bibliography, and to examine the foster parent training manual Fostering Discipline. In preparation for the next two sessions, recommend that workers read "The Abused and Neglected Adolescent: Implications for Foster Care" in Appendix H.

SESSION 6

WORKING WITH THE FOSTER FAMILY IN ASSESSING AND MANAGING THE CHILD'S BEHAVIOR

In Session 6 we will be working toward the following objectives:

- Develop skills in using the four questions to ask foster parents for the purpose of joint assessment of the child's behavior.
- Develop skills in using the 7 steps for solving problems in the short run with foster parents to develop a plan to change the child's high risk behavior.

Communication with Foster Parents

How can workers overcome the foster parents' anxiety that if they admit to having problems the worker will think they are not good foster parents, and possibly remove the child?

- Develop a team relationship from the beginning that is based on open communication.
- Sincerely acknowledge the difficulties of fostering the child.
- Provide clear and reasonable expectations
- State the importance of maintaining the placement.
- Provide guidelines "When to Ask for Help".
- Respond quickly to foster parent concerns. Do not minimize or provide premature reassurance.
- Reinforce and comment on those things foster parents do well.
- Don't impugn motives to foster parents.
- Listen--don't intrude own ideas.

Usually workers are available from 8 to 5 and many foster fathers work during that time. How can foster fathers be included?

Adjusted work schedule for evening contacts/ Meet with foster parents on the lunch hour / Schedule late afternoon meetings / Use telephone if his workplace permits / Stress the importance of meeting with both parents / Plan foster fathers night or special training for the men.

What are some responses, statements, and interviewing techniques workers can use to indicate empathy and willingness to listen?

reflection - Your're having a rough time and feel frustrated.

exploration - Can you tell me more about that?

personal statement - That would upset me, too.

reinforcement - Mmm, or Keep going, this is important.

offer assistance - I really would like to help, and I'd like to work with you on that.

If foster parents "ramble" or digress, and the workers' time is limited, what techniques can be used to focus the communication about the child?

refocus - You were telling me about Johnny's tantrums.

provide structure - I have about an hour to talk with you and these are the points we need to cover.

provide another listener - Have you ever thought about talking this out with another foster parent?

use written structure - Let's fill out this information sheet about Johnny's behavior.

How can the worker demonstrate that s/he acknowledges the foster parents' expertise?

"You've raised 10 children and probably know more than I do about child development".

"I'm really interested in this new approach you discussed at training".

"Would you be willing to share this knowledge with a new foster parent who needs some support".

"Would you be willing to provide (or assist with) training".

"You know this child much better than I do".

What guidelines would the worker give on when it is appropriate or necessary for the foster parents to ask for help? (See Appendix E)

Behavior of the child is difficult, doesn't make sense.
There are negative effects on the family.
Discipline problems.

Stress from the agency or community.

In Fostering Discipline (Ryan 1984), foster parents are learning the following 7 step problem-solving sequence:

1. Specifying the behavior to be changed.
2. Assessing the reasons for the behavior.
    a. Is it typical of a certain developmental stage?
    b. When does the behavior occur?
    c. Why might the child behave this way?
3. Setting priorities
    a. Why does it bother me?
    b. Is it dangerous, destructive or illegal?
    c. What are the long range consequences?
    d. Is it part of normal development?
4. Changing the situation
    a. Give more attention.
    b. Change schedule.
    c. Prepare in advance.
5. Setting Rules
6. Determining Consequences
    a. Negative consequences.
    b. Positive consequences.
7. Carrying Through

In Session 6, we will review these steps from the worker's point of view, emphasizing how we can facilitate the foster parents' development of a plan.

Joint Assessment of the Behavior by Worker and Foster Parents

The process of joint assessment involves the "ordering, the organization of the information, intuitions and knowledge...so that the pieces come together in some pattern that makes sense, at least in the here and now, in explaining the problems and in relating this explanation to alternative solutions." (Compton and Galaway, 1980, p. 319). Although the foster parents and worker engage in the process together, the worker's task is to facilitate sorting out the information and its meaning to enable the foster parents to develop creative solutions. Any solution developed must fit the foster parents' capacities, life style and value system, or it will not be useful to them and will probably be discontinued.

Foster parents often ask workers for the answer to a difficult situation with a child, yet, they may reject the answer given by the worker. It is difficult if not impossible for the worker to know the answer to a wide variety of behavior problems and circumstances of the foster children on a caseload!

Can we give foster parents the answers?

No.

Why or why not?

We must help them develop their own answers which will fit their family.

Workers should beware of being cast in the 'expert' role. Accepting the expert role sets the worker up for the game of "yes but."

There is no right answer to a given situation. There are usually many alternatives which may work.

I. Assessment

In order to help the worker with the joint assessment process, four questions are proposed as a framework for a discussion of behavior:

1) What does the behavior mean to the child? Why might he or she behave this way?

2) What does it mean to the foster family? Why are they upset by the behavior?

3) What are the long range consequences of the behavior?

4) How can the behavior be handled in the short run?

(See "Assessing and Managing Child Behavior" in Appendix G)

Other questions to be explored with the foster family are:

What techniques have already been used to deal with the behavior? Have they worked? Why or why not?

To what does this child respond well?

With which discipline approaches is the foster family most comfortable?

Is the behavior potentially or actually illegal, destructive or damaging? Or is it something that could be ignored until the child "grows out of it?"

Let's take a behavior that many foster parents complain about, lying. Why might a child lie?

1. Developmental - hasn't reached the stage of distinguishing fantasy from reality.

2. Reality testing - to figure out what is real by testing the reaction of others.

3. Denial - to rid self of painful feelings and memories.

4. Wish fulfillment - to try and make things better.

5. Fantasy - daydreams and imaginary events acquire a reality of their own.

6. Protection - to escape consequences of behavior or to protect loved ones -- natural family for example.

7. Modeling - copy the behavior of important adults.

8. Recognition - to enhance reputation.

9. Power - as a means of controlling others and getting revenge.

10. Negative attention - it is better to have someone angry with you than not to have any attention at all.

Why might lying bother foster parents?

1. Assaults moral and ethical values and beliefs.

2. Disrupts relationship with child.

3. Set a bad example for other children in the family.

4. Causes embarassment or feelings of failure.

5. Foster parents feel a loss of control.

6. Concern about long range consequences.

What are the long range consequences of lying?

Foster parents may fear that lying will lead to other forms of dishonesty--potentially a life of crime.

More importantly, they acknowledge that the person who lies has difficulties in relationships.

Why Do They Act Like That?

Whether handled in formal foster parent training or informal planning sessions or home calls with foster parents, it is important to explore the meanings of foster child behavior. We know, for example that when a two year old starts saying "no," the child is accomplishing a normal developmental task. However, an abusive parent who does not understand child development might view the child's "no" as defiance, lack of respect or rejection.

Similarly, foster parents can perceive a foster child's behavior in a variety of ways. For example:

Rita, age 13, had been in the Thompson home for two months. After some initial testing behavior she seemed to adjust. Yesterday, she returned from a visit to her biological mother and confided that she was "real disgusted" with her mother. She didn't like her mother's new boyfriend, and was angry that her mother had been drinking again. Without being asked, she hugged Mrs. Thompson and said "I feel so good to be here with you. It feels like you really care about me." Later that afternoon she volunteered to walk down to the corner store to pick up a gallon of milk for dinner. She did not return. The next morning she called the worker, stating she had spent the night at a friend's house, and did not want to go back to the Thompsons as they were "too strict, and they made me go to church when I don't want to."

How might the worker view the meaning of Rita's behavior?

- Fear of intimacy.
- Guilt over disloyalty to birth family.
- Potentially a 'red flag'.

How might the foster parents view Rita's behavior?

- Disobedience.
- Rejection of the foster family.
- Theft of the milk money.
- Confusion--they haven't the foggiest idea of why she would do such a strange thing.
- Lying about the church issue.
- Unappreciative for all they have done for her.
- Manipulative.

Normal Child Development

There are at least two levels on which we can view the behavior of a foster child. First is in terms of normal child development. What are "normal" things children do that might upset or annoy their parents:

- at age two: Say no, play with feces.

- at age six: Tell a 'whopper'.
  Dawdle on way home from school.

- at age ten: Try to avoid chores. Want faddish toys or clothes.

- at age thirteen: Prefer a messy room. Refuse to co-operate.

- at age seventeen: Prefer being with friends to being with the family. Become sexually active.

Foster Child Experience

In addition to understanding issues related to normal child development, foster parents need to understand the child's behavior in the context of the experience of being a foster child, and the child's past history. These meanings of behavior can be presented through foster parent training, and reinforced by casework with the foster family.

- The behavior may be a reaction to separation trauma, or the conflict of divided loyalties.
- The behavior may be one learned earlier as a means of copying or surviving. For example, the child who hides or gorges on food may have needed the behavior at home as he was not fed regularly.
- The behavior may be a reaction to earlier trauma. The sexually abused child who masturbates excessively may be:
  * seeking gratification
  * replaying past events
  * discharging anxiety
- The behavior may indicate a lag in development, or regression (a return to an earlier stage of development.)
- The behavior may be part of a learned interactional pattern. The abused child who hits a foster parent is caught up in a cycle learned earlier.

The workers' role in exploring the meanings of behavior is critical to helping foster parents develop a plan to manage the child's behavior. However, before this exploration can be effective, the worker must first establish open communication with the foster family, and second, collect data about the behavior.

II. Specifying the Behavior to be Changed

Data Collection and Problem Identification

If a foster child is exhibiting problematic behavior, it is important both to understand the context, and define specifically what the behavior is.

For example, if a foster parent is concerned because a child is lazy, we need to arrive at a working definition based on information from a number of sources:

- The behavior is not laziness. The foster parent is concerned because Susie doesn't make her bed, and spends a lot of time sitting around. What is the problem--sitting around or not making the bed? Sitting around is not a problem. Specify what the child should be doing and help her do it.

- The birth parent reports that Susie had never learned to make her bed.

- The teacher reports that Susie completes most assignments on time, and keeps her desk reasonably clean.

- According to the pediatrician, Susie's anemia and overall health have improved, and she should have more energy by now.

The foster parent provides data on context, frequency, duration and intensity.

> Are there special times when Susie just sits around? What happens before? What happens afterwards? How often does she sit around--one hour a day--all day? Are there times when she is more active? What does she respond to? Does she not make the bed every day? When she does make the bed, how do you react?

In data collection, only the worker has access to information in the case record. In some instances the worker may contact collateral sources such as the school; in many cases, it is easier for the foster parent to do so. The worker and foster parent need to be clear about who will do which pieces of data collection.

The following Information Sheet may help to focus the foster parent's thinking, and clarify tasks in the data collection process.

INFORMATION SHEET

Child:

Behavior - specifically:

Where does the behavior occur? -- (home, school, at neighbors, etc.)

When does it occur?

How often does it occur?

What happens before the behavior?

What happens after the behavior?

What does the foster parent see as the problem?

Have the worker or other persons observed the behavior? How do they see it?

What does the birth parent say about the behavior?

What information about the child's development is relevant to understanding the behavior?

Does the child see the behavior as a problem?

III. Setting Priorities

From the foster family's point of view, the most critical behaviors may be those which conflict with the family's value system, or those which cause the most work or stress. However, the worker's skill in assessment may highlight behaviors which place the child at risk, but which may not be viewed by foster parents as top priority:

- the child who is "accident prone". The child with a damaged body ego who is consistently banging, bumping, scraping, bruising himself may be exhibiting self-destructive tendencies. However, if the child has learned to "turn off" body signals of pain, the foster parents may not be as concerned as they should be because the behavior is not disruptive.

- the child who has disturbance in areas of bodily functioning such as eating and sleeping. The child who seems lethargic during the day may have spent the night in agitated wakefulness. However, if the child did not wander or disrupt the household, foster parents may not be aware of the severity of the problem.

- the child who finds reality too painful and retreats into a fantasy world.

- the child who has lost a parent through death or desertion and is strongly identified with the lost parent.

- the child who is having adjustment problems in school.

- the child who is passive, withdrawn, lethargic, bored, who doesn't protest, is "too good" or too compliant.

Many of the above behaviors can be reactions to separation trauma. However, if they persist, they can indicate clinical childhood depression. As most of the behaviors are not disruptive or obnoxious, they may be under-reported by foster parents, or given a lower priority. A configuration of several of the above behaviors may indicate emotional disturbance or even the potential for suicide (Husain and Vandiver, 1984).

The second cluster of behaviors are easily identified by foster parents and worker alike as problematic because they relate to the potential for disruption of the placement or abuse:

- The child who physically or verbally provokes the caregiver (or older siblings) by kicks, slaps, taunts, dares, obscenities, etc.

- The child who displays inappropriate behavior of a sexual or seductive nature to family members.

- The child who exhibits behavior considered bizarre for the age and stage of development, i.e. fecal smearing, talking nonsense.

- The child who exhibits dangerous or destructive behavior.

- The "water torture" or "last straw" in which the cumulative effect of a minor behavior wears the family down.

Finally, priority should be given at times to those behaviors which might be considered as minor problems within another home, but particularly offend the value system of the foster parents. Ideally, the worker might aim to ease the rigid expectations of the foster family. However, if the child is otherwise doing well in the placement, it may be necessary for the worker to develop a plan which will make the child more acceptable in the view of the foster family. The worker may not agree with the need for behavior change on a philoshophical or knowledge basis, but may reluctantly acknowledge that such a change is useful for the child's acceptance into the foster family system.

- The child who swears. At times the swearing may appear mild to the worker but the foster family is deeply offended. Rather than suggesting that behavior change is a low priority, the worker may need to support the foster family's attempt to substitute more acceptable words.

- Whatever deeply offends or distresses the foster family should be examined carefully. If the normative family structures and precepts are violated, the child is at greater risk. Ideally, we need flexible foster families who can tolerate wide diversity of behaviors. On a pragmatic level, we must understand the importance of the boundary and transaction maintaining functions of the foster family systems.

In helping to set priorities for behavioral change, the worker considers the developmental stage of the child, the issues involved with separation and past history, the view of the foster family, and the types of behavior that may put a child at risk in the foster family system.

Therapy vs. Worker Intervention

There are many behaviors which concern foster parents which can be handled through the combination of foster parent training and casework support. Although the need or condition of the child would be the primary reason for a referral to therapy, there are a host of other considerations which enter the decision making process.

- Availability of resources within the community. If foster parents have to drive to another town to get the child treatment, an additional stressor is placed on the family.

- The worker's comfort and skill in helping the foster family with the child's behavior.

- The worker's caseload size and available time. If the worker is not able to set up regular and consistent appointments with the foster family, they will feel unsupported and may have difficulty following through on the plan.

In many instances, the existence of problem behaviors may signal the need for therapy. If this is the case, foster parents may benefit from role clarification.

- In some forms of therapy, the child is seen individually, with only occasional contact between the therapist and the foster parents.

- In family therapy, which is useful in situations which are primarily interactional, the entire family will need to be involved.

- In behavioral therapy, the foster parent(s) work as a team with the therapist in observing, recording, monitoring and reinforcing the child's behavior.

- Regardless of the type of therapy, foster parents may want to be assured that they are not the source of the child's problem, and that their role with the therapist is being part of the team to help the child.

- The worker assists the foster parent by locating the most appropriate type of treatment which will fit the child's needs, and be appropriate for the foster family.

If the situation calls for therapy, the worker's role is limited, but it is still important to monitor and evaluate the effectiveness of the plan. Typically the worker does the following:

- Contacts the therapist or recommends an appropriate referral for the foster parents to follow through on.

- Reviews with the foster parent the initial assessment of the problem so that the foster parent is able to articulate concerns.

- Provides data to the therapist.

- Calls or visits the foster parent to discuss progress.

- If the plan does not seem to be working, alerts the therapist and supports the foster parent to re-examine the plan with the therapist.

- In contacts with the child the worker monitors the child's perception of, and adaptation to, the plan.

If the situation does not call for therapy, but is one in which the foster parent develops a plan, supported by training and the worker, it is useful to put the plan into writing.

Foster parents should be encouraged to record their progress in a log to be reviewed with the worker.

IV. Changing the Situation

In many instances, giving the child more attention, changing the schedule or routines, or advance preparation and planning will defuse the tension of a situation. The worker helps the foster parent to examine the <u>overall context</u> of the situation.

V. Setting Rules

Often the child is reacting to unclear expectations, or does not understant the consequences of behavior. Characteristics of good rules are that they are specific; they include choices or alternatives; they include consequences and rewards; and they are positive in tone. They only concern behavior under the control of the child and that the parent can monitor. (i.e., one can not make rules about bedwetting which is not under the child's conscious control.) The worker helps the foster parent to clarify and articulate the rule.

VI. Determining Consequences

In Fostering Discipline (Ryan, 1984), foster parents have discussed a variety of rewards and consequences which do not involve corporal punishment, do not damage the child's self-esteem and can be used to help the child grow and develop to the next stage. The worker assists foster parents to develop consequences which fit the values of the family and will be growth producing for the child.

VII. Carrying Through

Any plans only works if it can be carried out. When the plans is developed, foster parent and worker can check each step to see if they are reasonable and realistic. Does the child understand what is expected of him or her? Can the behavior be monitored? Will consequences motivate the child? What will this plan teach the child? What will the plan do for the child's self-esteem?

Maintaining Contact to Monitor and Evaluate the Plan

Although consistent home visits may be the best way to monitor the plan, there are a variety of ways to increase frequency of contact and provide support:

- The worker can give the foster parents a pack of postcards to be mailed in at specific intervals (i.e. every three days) to report briefly on success.

- A telephone contact can be initiated by the worker or foster parent at agreed upon intervals (i.e. twice a week) between visits.

- If the foster parent is in weekly training sessions, an agreement can be made, with the parents' permission that the worker will contact the trainer for progress reports.

- A foster parent "buddy" or "master foster parent" can be engaged to provide frequent supportive contact.

- Other things I can think of:

EVALUATION OF THE PLAN

There are two basic reasons for implementing a behavioral change plan. The first is to help the child grow or regain lost ground. The success of the plan can be evaluated in terms of the child's development, and by observation or report that the behavior has changed.

The second reason is the prevention of abuse. If a placement has seemed high risk, or a foster family has appeared to be stressed by the child, evaluation of the success of a behavior change plan should additionally focus on foster parent perceptions:

- Is the child now viewed more positively by the foster family?

- If the behavior still occurs, is the meaning of the behavior more positively perceived by the foster parents -- or, is the perceived meaning of behavior given more empathy by the foster parents?

- Are foster parents feeling more in control of their feelings and action vis-a-vis the behavior?

- Have negative comments and reactions from school, neighbors, relatives been reduced?

- A new eco-map can be made and compared with the earlier one to see if there are more resources and a decrease in stress.

SAMPLE BEHAVIOR PROBLEMS

Johnny, age five, has been climbing on his foster mother's lap and touching her breasts. She has told him "no" and stopped his hands. The foster father is angry and has threatened to use the belt on Johnny if he does it again. Mr. Jones also feels that Johnny is too old to sit on laps, and that the family should not allow any close physical contact with Johnny. Mrs. Jones is upset because she feels Johnny needs love and nurturing.

The touching behavior occurs two to three times a week, usually between dinner and bedtime. When conflict erupts, Johnny is reluctant to go to bed, and occasionally wets the bed. Mrs. Jones does not mind changing the sheets, but both foster parents express irritation about the disruption of their evenings. Mrs. Jones asked for your help because she is upset by arguing with her husband, and is feeling some pressure from her mother-in-law to ask for Johnny's removal before his behavior hurts their marriage.

Kim, age nine, has an extensive vocabulary of swear words. Twice she has been sent to the principal's office for swearing at the teacher. In the foster home she has called the foster mother a "God damn bitch." The foster parents are deeply offended. They are especially embarrassed that Kim swore at the Sunday School teacher. They have tried ignoring the behavior, sending her to her room, scolding her and washing her mouth out with soap. The foster mother is afraid she will lose control if Kim calls her a "bitch" again. Both foster parents feel strongly that they must stop the behavior.

Kim states that the foster home is "OK" and that her foster parents are "pretty nice." She explains "that's the way I talk. Sometimes it just pops out." However, she dislikes her teacher, and wishes she didn't have to go to Sunday School. She has been in care for three months and hopes to return home soon. Kim's birth mother is in treatment for the abuse which led to Kim's removal.

BEHAVIOR MANAGEMENT PLAN

Child:

1. Assessment of Behavior (frequency, severity, why would child do it?)

2. Specify the Behavior.

3. Priorities: Why does it bother foster parents? Is it dangerous, destructive or illegal? What are the long range consequences? Is it part of normal development? Is therapy indicated?

4. Changing the Situation: What can be planned ahead to prevent the problem behavior or the difficulties created?

5. Rules regarding the behavior:

6. What are the consequences? Rewards?

7. Carrying Through: What is the goal for behavior change? Length of time techniques will be used?

   a) How often will the foster parent report to the worker, or how frequently will the worker contact the foster parent?

   b) Additional tasks of the worker (providing articles, working with the school, arranging for evaluation)

   c) How will we know if the plan has worked?

SESSION 7

ADOLESCENT ABUSE & NEGLECT: PLACEMENT CONSIDERATIONS
INSTRUCTOR'S INTRODUCTION

Purpose:

1. Examine feelings about adolescence.
2. Discuss and apply placement considerations.
3. Use adolescent behavior checklist.
4. Use contract.

Methods:

1. Individual Exercise and Discussion - Remembering Adolescence

   Introduce purpose of exercise, and verbally recall a few of your personal memories of adolescence. Ask trainees to think and write quietly for ten minutes. Following the quiet period suggest that some people may wish to share and others may prefer to be private. Summarize themes of contributions and discuss how these experiences affect work with children. If time permits, you may wish to use the guided fantasy in the instructor's supplement.

2. Mini-lecture and Discussion.

   Clearly identify adolescents as an extremely high risk group in family foster care. Summarize content of the reading in Appendix H, and discuss the three charts on Placement Considerations. Ask trainees to discuss in small groups what sort of home they would look for with Jack and Vanessa, or with one of their adolescent cases in need of placement.

3. Discussion - Adolescent Behavior Checklist.

   Review briefly the importance of informing foster parents of known behaviors for the purpose of self assessment. Ask workers how they might use the checklist in selecting a foster home. Ask them to select one or two behaviors from the checklist that have caused difficulty for a teen they have worked with, or (if they have not placed an adolescent) a behavior which they might find difficult if they were a foster parent.

4. Role Play - Contracting Exercise.

   Form triads. In each small group, one member is the worker, one is the adolescent and one is the foster parent. Develop a contract that deals with one of the identified behaviors selected from the Adolescent Behavior Checklist. Discuss usefulness of pre-placement contracting, and issues that should be contracted in addition to behavioral issues.

5. Suggest that members review the Appendix H, Abused and Neglected Adolescents one more time to think about red flags.

If time permits, the instructor might want to use one of the following audio-visual aids on adolescent abuse:

Don't Get Stuck There 16mm Film, available from:

Boystown Center
Communications Division
Boystown, Nebraska 68010

This film about adolescent abuse documents the phenomenon through interviews with abuse victims. It examines how these youth feel about themselves and others.

Abused Adolescents Speak Out available from:

Face to Face Health and Counseling Services
730 Mendota Street
St. Paul, Minnesota 55106
(612) 772-2539

Instructor's Supplement

To be used only by trained instructors, Preventing Abuse in Foster Care, National Foster Care Education Project. Not to be distributed or used in other training.

Guided Fantasy on Adolescence
by: Emily Jean McFadden, ACSW

Note to Instructors

The guided fantasy is a powerful tool, and should be used with great care. It helps participants to connect with their own feelings from adolescence; helps to identify those developmental themes and issues which we all hold in common; and helps participants prepare to answer the important questions "How do my experiences as an adolescent affect my ability to work with adolescents?"

However, certain cautions are in order before using the technique. First and foremost, we do not have a contract to "do therapy" with trainees. Our job is to create a climate for learning, to provide knowledge, and to provide experiences which increase empathy. We do not have a contract to "uncover", develop insight, or solve life problems for participants. These techniques are to be used only to enhance learning. The instructor should resist the impulse to use a technique because it is exciting or would serve as a diversion when group process is stuck or an individual is difficult.

You will note the guided fantasy comes relatively late in the training, after the instructor has had six sessions in which to assess the group. Is there anyone in the group who is feeling pain? Is there group cohesion? Trust? Is the group a safe place for all members?

What is the group's interaction with you the trainer? Is it a mode of cooperation or resistance? Be aware that the most typical reaction to the Guided Fantasy on Adolescence is that one or more group members re-connect with adolescent feelings of rebellion against authority. It is not unusual following the adolescent fantasy that several group members may challenge the trainer's authority and test his/her patience with "adolescent" behavior.

Do you have adequate time built in? Although the Guided Fantasy on Adolescence is a "warm up" exercise, it can take up to an hour. Less than 1/3 of the time needed is for the actual fantasy. During the fantasy the trainer should allow significant pauses between statements so that participants may experience each segment in a leisurely, reflective way, without feeling rushed.

Following the fantasy, the other two thirds of the time is used to process the experience--to share the joys and pain--and to laugh with each other. If anyone in the group is feeling pain, additional time may need to be allotted for support from the group. If a group member appears to be uncomfortable as a result of the experience, the following comments and suggestions can be made by the trainer:

> "The fantasy was not real. It may have evoked some memories of the past, but the fantasy itself was not real. There is now a great deal of distance

between adolescense and adulthood for the participants. As adults we have survived and adapted to a number of difficult situations. We have learned to make good decisions and take control of our lives. We are now in control of what happens to us and how we feel about our lives. We can forgive old hurts and forget past pains. We can provide ourselves with pleasure and security. The past is gone. We are here, now, and we are feeling safe and trusting together."

Finally, if the trainer has not used guided fantasy techniques in training, it is useful and important to practice the fantasy with colleagues before using it in a training situation. Colleagues can provide corrective and supportive feedback that may smooth rough edges and enhance trainer confidence. You might also want to make an audio or video tape of your practice session.

General Instructions:

You (trainees) create your own fantasy, and you are in charge. Many of us have painful memories of teen years, as well as happy memories. You can choose to avoid painful memories altogether if you wish.

You control the intensity of the experience. If you want to get deeper into the fantasy, close your eyes, relax, breathe deeply and visualize in your mind's eye.

If you do not want it to get "heavy", keep your eyes open, and write notes to yourself or doodle. You can mentally check out at any time, or physically you can get up, walk around or even leave the room if you wish. You also have the option of re-creating pleasant memories or experiences to take the place of painful ones.

Remember, you are in charge of your fantasy and you can make it as pleasant as you wish.

Begin Fantasy

You are an adolescent. Select an age, 13, 15, whatever, but know what age you are.

It is morning. You are back in your room, waking up. You are feeling good. You see the sun coming in through the window and you know its going to be a beautiful day...

You look around your room, at the walls, the furniture, your possessions. You see some things which mean a great deal to you...

You think about your friends, your closest friends. You think about kids you would like to know better. You reflect on your friends...

Then you think about last night. Last night you were with your friends. You had quite a time. You did some things you wouldn't want your parents to know about. You think about what you did, and you are aware of a feeling...

You think about your parents, and what they would say if they knew what you did. You have a feeling about your parents...

You get out of bed, full of energy, and take off your pajamas in front of the mirror. You see your reflection in the mirror. You look at your hair, and you have a reaction to your hair... You look at your body, looking up and down the mirror, and you experience a feeling about your body. You study your face closely--your features and your skin...

It occurs to you that you're having a test today in school, so you want to wear something you'll feel really good in. You go to the closet and pick out your favorite clothes. You're aware of each piece of clothing you're putting on...

See yourself...

You are experiencing several reactions or feelings as you think about school. You think about your test and what you expect from yourself. You think about what your teacher expects, and what your parents expect you to achieve in school...

You remember back to the last crisis you went through. Today you wake up feeling wonderful, but you remember how your felt during the crisis... You think about all the ways you adapted, and what you did to get through the crises...

You are glad the crisis is in the past and you are feeling good again. In fact, you feel ready to meet the day. You smell breakfast cooking, and you see the sunlight streaming in through your window. You know its going to be OK as you leave your room and prepare to face your day...

You take one last look at your room as you prepare to end the fantasy, leave adolescence behind and return to your adult life, feeling good...

Now you are opening your eyes, looking around you. You're aware of all the other people in the training group. You look around at the details of the room you're in.

You take a few minutes to sit quietly and switch to processing your experience. You are thinking about your experience as an adolescent. The fantasy is over.

* * * * * * * *

Discussion questions:

What was it like; what did you experience; how are you feeling now?
What did you see in your room?
What happened with your friends? How would your parents have felt? How does it compare to what kids are doing nowadays?

What was it like when you looked in the mirror? What did you see? How did you feel about your hair, body, skin, facial features?

What kind of clothes did you wear? How did they make you feel? Why are clothes important?

What about your reactions to school? How did you feel about the test? What did others expect of you? What did you expect of yourself?

What kinds of crises do adolescents have? How do they handle them? What do they feel at the time? How do they feel later?

From your experiences, what are some of the major concerns of adolescence?

SESSION 7

ADOLESCENT ABUSE & NEGLECT: PLACEMENT CONSIDERATIONS

by: Marjorie Ziefert
with
Emily Jean McFadden

We will be working together in Session 7 to accomplish the following objectives:

- Identify three categories of adolescent maltreatment.
- Identify one placement issue for each category of maltreatment.
- Identify two placement techniques that clarify expectations between foster parents and workers.

Remembering Adolescence

We will use ten minutes of quiet thinking and writing to reflect on events of adolescence; things that made you feel good about yourself and things that were difficult or traumatic. Some topic areas are included, but others will come to mind.

Values:

Friends and Peers:

Sexuality:

Parental Control:

Crisis:

Becoming Independent:

How does your experience as an adolescent affect your work with adolescents?

ADOLESCENT PLACEMENT

Initial Placement Consideration

There are times when the removal of an adolescent from his home is the most appropriate intervention. The family may have divested itself of emotional involvement with the troubled, acting-out teenager and refuse involvement. The living situation may continue to be so mutally destructive to adolescent and parent that temporary or permanent separation is needed to reduce the pain. In some instances, the parents may be resistant to confronting their own problems and continue to scapegoat the adolescent.

If foster care proves to be a necessary step, it is crucial that serious attention be given to the various issues that impinge on the potential effect of this strategy. Providing care for adolescents outside their homes is highly demanding and creates additional strain on many agency workers.

The use of any foster care setting must be assessed on the basis of individual youth and family needs as well as the particular strengths and life stresses of the potential foster family.

Involving the young person and his family, if possible, in the decision to separate is an ideal situation. Coming to a mutual agreement about their inability to live together makes the transition less wrenching and at the same time is a first step toward reinvolvement with each other. The relationship between adolescents and their parents continues to impact on a young persons feelings and behavior whether or not they live together. Where resolution does not occur the young person may develop a lifelong pattern of unsuccessful pursuit of gratification, denial and unmet needs, and acting out behavior.

Often biological parents feel threatened by the prospect of another family rearing (perhaps more adequately) their child and make the separation struggle more intense or undermine the placement through compounding guilt or disrupting the lives of the foster family. When they can have a role in decision making and a relationship with the foster family, they can let go more easily and have some leverage for maintaining involvement with their child.

Placement Process: Initial & Re-Placement

For the adolescent, involvement in the decision making with regard to placement is important both as a contributory factor in creating a successful placement and to give the young person sense of control over his life. For the worker to explore and give honest consideration to the wishes of the youth, aids in the development of a trusting relationship which opens the channels for further communication. With worker's input the youth can examine his tolerance or need for nurturance or distance,

attitude toward prospective siblings, comfort with various life styles, ongoing contact with his biological family. Thoughts and feelings about all of these issues influence the character of the placement one is seeking. Assessment should be made of the foster family's ability to allow distance or even provide nurturing appropriate to earlier stages of development; to act in the role of counselor or provide structured parental authority to maintain a family system open enough to tolerate the ideas and people who emerge in a developing adolescent's lifestyle; and to have an open attitude toward the biological parents.

Attention to developmental needs of an adolescent must be moderated by several factors. The youth's chronolcgical and developmental ages may be at variance since children who have lived with deprivation and trauma often get stuck at earlier stages and do not grow emotionally. Additionally, adolescence really consists of several different sub-stages with considerably different needs and expectations. Generally, younger adolescents seem to do better in nuclear family settings where they are the only or youngest child and warmth and nurturance are plentiful. Older adolescents might be more open to placement in a foster home where the adults are less invested in a parental role and can serve as a counselor. Single foster parents often can provide this to youths.

A family setting may not be at all appropriate for some youth in need of placement. Youth close to emancipation can learn survival skills in settings such as group homes. Where the focus of the program is on responsibility and independence the young person can practice in a supportive environment and is less likely to become engulfed in the control and separation issues of leaving another family. Youth who are embroiled in separation issues with their own family may continue to play them out in foster care. Group homes serve to defuse relationships with adults and enable more intimate peer relationships which is a safer place for some adolescents to get involved.

When young people enter placement, or move to a new placement, they do not leave behind the struggles and conflicts of their earlier lives. New areas of stress created by a move from home to placement or placement to placement also may evoke provocative or otherwise troublesome behavior. Understanding symptomatic behavior in relation to its underlying causes and historical significance provides a much clearer perspective from which to plan for and anticipate reactions to and behavior in placement. A social history which covers the maltreatment, developmental struggles, and conflicts of all family members, as well as other stresses is invaluable in this task. The distinct form that the maltreatment has taken in the previous living situation, the developmental struggles of the youth and the developmental conflicts of the family all should be viewed as placement considerations.

The reading on categories of Adolescent Maltreatment found in Appendix H and the discussion of developmental conflicts in the overview, highlight the many familial issues which potentially precipitate adolescent abuse and neglect. Long standing and traumatizing conflicts do not dissipate when the young person leaves his home. Without resolution through an alternative experience these conflicts get carried from setting to setting. For this reason, the selection of a foster family for adolescents should be done with much care and with the specific needs and problems of the youth in mind. Anticipating the possibility that previous life experiences as well as the additional stress of placement or replacement may precipitate conflict and a potential high risk situation in the foster home can serve to avert such a recurrence. Educating foster parents both generally and specifically about the child's previous situation is a form of prevention. Often, unaware of the youth's past life events, the foster parents become actors in a scenario which is repetitious of former experiences. The youth sometimes has the need to replay the situation which caused the abuse or neglect. This repetition compulsion serves to reinforce the negative self image and is useful in proving to the young person that he is indeed no good and deserving of the negative treatment. Explaining to the foster parents what dysfunctions occurred in previous homes helps them to not become unwilling partners in a maltreatment situation. Foster parents must be able to tolerate the potential continuation or even exacerbation of former struggles when the youth comes to live with them.

Adding a new member to a family is disruptive no matter what the state of the child and even if the family functions well. Foster parents for teens must be able to accommodate for the adjustments and be accepting of the inevitable changes. Assessing the foster parents' previous adjustments to developmental strains and their current functioning in their various roles can give clues to their ability to handle specific behaviors and their potential as foster parents to teens. Reflecting on the developmental needs of adolescents the worker may be looking for a family system that is open to new inputs from outside, able to tolerate the vacillation from closeness to distance that accompanies adolescence, and on-going testing of personal and external limits that are essential to the growing process. Also important is an acceptance of the young person's past including his biological parents as, in adolescent placement, this tie is almost never severed completely.

Information gathered from the foster family will aid in understanding how they will react to the maltreated adolescent and the conflicts he brings to placement. It will also reveal some potential conflict areas between the young person and the new living partners. Struggles in the foster family have the potential of catalysing a pre-existing conflict experienced by the youth. It may so serve to create new ones as a result of ongoing clashes in developmental needs.

The matching process which uses a knowledge of all potential family members, their strengths, weakness, and desires must be used to minimize the dangers in an already high risk placement situation. Pre-placement visits give all parties a more realistic view of each other. For the young person they also give a concrete view of where they will be living. In the foster family they give an adjustment time to begin to accommodate the new member.

PLACEMENT CONSIDERATIONS*
Summary Notes

1. The youth's development is related to the onset (and severity) of maltreatment:

   - beginning in childhood

   - changing from punishment in childhood to maltreatment in adolescence

   - beginning in adolescence

2. The issue of the need for structure limits in a placement is related to the youth's development needs and the onset of maltreatment.

Structured Settings

We often hear of the need of a teen for a "structured setting." Workers question what "structure" really means.

Structure is not:

-Rigidity, inflexibility of foster parents

-Use of punishments, harsh discipline

-A multitude of rules

-A stern or authoritarian manner

*See "Abused and Neglected Adolescent: Implications for Foster Care" in Appendix H.

Structure is:

-Scheduled routines

-A consistent predictable environment

-Monitoring consistently

-Encouraging and reinforcing the youth

-Clear expectations of desired behavior

-Clear limits

-Consistent verbal and affective responses to teen's behavior

-Ability to sort out what is really important and to adjust plans or routine for a high priority reason

-Parents or caregivers who are comfortable and relaxed with teens and the adolescent subcultures

3. **Other considerations are:**

-Family composition

-Ability of foster family to work with biological family in a permanence plan

-Availability of suitable educational program or type of therapy needed

-Whether placement of the adolescent would jeopardize other children in the home

-Degree to which adolescent has internalized controls.

-Adolescents life skills and self concept

PLACEMENT CONSIDERATIONS*

FAMILY STRUCTURE & COMPOSITION

*These considerations are preliminary in placement planning. The worker must also take into account the complexity of the child's needs, foster family attributes, and the availability of foster home resources.

	Younger Adolescent	Older Adolescent
Single foster parent with children	Teen already knows foster parent or children--has developed own placement.	The adolescent is a parent and needs role modeling.
Single foster parent no children	Teen needs focused individual attention. Foster parent usually of same sex, child may have difficulty with opposite sex.	Ready for emancipation, needs counseling or mentorship, not parenting, has hard time relating to parental figures.
Two parent foster family young children	Teen needs child centered family activities. Developmentally pre-adolescent. Teen must not be aggressive with younger children.	Teen is not the "parental child", not aggressive to younger children. Wants to re-experience family life. Needs positive role models, not yet ready for independence.
Two parent foster family older children	Teen needs to be the "youngest"; needs nurture from parent and older siblings. Might be aggressive and put younger children at risk.	Teen is "parental child," needs not to be the oldest in the home. Needs positive relationship with age peers, or role modeling in dealing with adolescent issues. Not yet independent, needs structure or support and parents who understand adolescent behavior.
Two parent foster family no children	Teen needs focused individual attention and opposite sex parent figure. May victimize other children.	Need to see positive marital pair. Beware of sexual competition if foster parents are young.

CONTINUUM OF STRUCTURE/LIMITS

	Least Structure	Flexible	Moderate Structure	Most Structured
Setting	Single Parent/Counselor Cooperative Adult Group Living Independent Living, College	May be two parent or single parent foster home 1) family provides more opportunity for independent decision making 2) Youth allowed input into rules and expectations 3) youth does not need constant supervision 4) expression of feelings expected by family	Usually two parent foster family, or possibly single foster parent with strong support systems and no other foster children 1) firm rule and expectations, predictable routines and consequences 2) home, school, community opportunity for positive peer relationship with adult supervision 3) foster family involved with youth's therapy 4) family communicates feelings	Groups or residential care Specialized foster family care 1) highly structured 2) activities develop self-esteem 3) alternative ways to express feelings
Adolesent Development Issues	Has significant relationships	Has internalized ability to trust and be trusted	Tests consistency of structure, rules and foster parent commitment	Needs consistency to develop trust.
	Teen has own controls and uses them	Teen is starting to develop controls	Can control self with consistent external limits. Structure prevents self-destructive behavior	Teen developmentally immature.
	Mostly goal directed	Exploring possible constructive goals	Too self-involved to set external goals	Serious acting-out or self-destructive behavior
	Developed positive self-image	Self-concept improving can identify several strengths of self	Self-concept poor, with some areas of developing self-esteem	Self-concept poor, lack of feeling of self-worth

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TYPOLOGY OF MALTREATMENT: PLACEMENT CONSIDERATIONS*

	Maltreatment beginning in childhood and continuing into adolescence	*Qualitative change from "punishment" in childhood to maltreatment in adolescence*	*Maltreatment beginning in adolescence*
Placement Options & Criteria	Most or moderate structure is needed. (i.e., specialized foster care group or residential treatment) Child should be youngest in home.	Moderate flexible structure. Foster parent development should be unconflicted in issues of control and individuation. Foster parent needs to be able to tolerate periods of great distance or closeness. Foster parents should tolerate natural family.	Flexible to least structure, single parent/counselor settings often good. Youth has strongest tie to biological family and less desire to be part of foster family.
Resources Needed	Individual therapy. Alternative schools, special educational programs, tutoring and remedial programs, physical outlets for aggression--sports, etc.	Treatment with biological families, group therapy or peer counseling. Extra curricular activies (sports, clubs, etc.) or development of talents (music, auto mechanics). Regular school program with remediation or support from special services personnel.	Supportive counseling focused on identity. Regular school program with supports. Older youth develop skills for independent living, younger need self-esteem enhancing activities.
Special Developmental Issues of Youth	Internalized poor self-image, believe they deserve maltreatment. Fixated at pre-adolescent developmental stages. Identification with maltreating parent. Prone to violence or self-destructive behavior.	Control and separation are major themes. Testing of limits. Youth is beginning adolescence. May commit deliquency or status offense.	"Runaways". Impulsive acting-out in extremes. Youth has reached adolescent crises, orientation to peers.

*For futher exploration, see "The Abused and Neglected Adolescent: Implications for Foster Care" in Appendix H.

What Sort of Home Would You Look For?

Jack

Jack age fifteen came into care as a result of physical abuse by his mother's new living together partner. There is no evidence of earlier abuse. His mother reports that he had usually been co-operative prior to the arrival of her living together partner. His school attendance had been good, and all his grades were passing. He has several good friends with whom he shares an interest in "hardcore" rock music. The conflict with his mother's living together partner developed over two issues--Jack's taste in music, and his refusal to accept authority of the living together partner. Jack's mother and her partner are contemplating marriage, and are in counseling together. Jack refuses to return home as long as "that man" is in residence. He states "the next time that bastard lays a hand on me I won't leave and ask for help--I'll show him how to fight dirty."

Development apparently normal until onset of adolescent abuse. He has reached adolescence, and could benefit from a placement that is flexible. He might do well in a two parent home with older adolescent children if he could accept the foster father's legitimate authority within the family, although Jack could conceivably feel more comfortable with a female single foster parent due to his anger toward a male. Any family considered should be able to tolerate--at least minimally--Jack's interest in music.

Vanessa

Vanessa, age fourteen, is in need of placement after running away from a foster home in which she had been physically and verbally abused. Parental rights were terminated when Vanessa was six. When she was nine an adoption disrupted. Since then she has been in three foster placements, and was considered difficult in all settings. Problem behaviors in the last foster home include sexual exploring with a younger child, aggression with peers at school, poor school attendance and an overdose episode with drugs.

Maltreatment began in childhood and continued until adolescence. Multiple placements and persistance of problem behaviors make her high risk. Evidence of self destructive behavior indicates a need for a highly structured setting in group or residential care. Any foster home except the most highly specialized and structured home would have difficulty in meeting Vanessa's needs.

Vanessa needs permanence planning.

Instructions for Using Adolescent Behavior Checklist

In preparing for placement of an adolescent, we want to inform foster parents of the teen's behavior which may affect the family or the placement.

1. Using the checklist, and all available sources of data (adolescent, parents, other foster parents, school, therapists, etc.) identify those behaviors which may be of concern to potential foster parents.

2. Identify and describe specific behavior. Write in the description after each item checked.

Example:

> Messy Room: In previous placement conflict developed between Susie and the foster parents when she failed to make her bed each morning for a period of 3 weeks. During this time she piled dirty clothes in the corner of the closet and did not use the laundry hamper. She told her foster parents she had swept and mopped the room, but the foster parents found moldy apple cores, torn up scraps of paper, dust and cigarette butts and ashes under the bed.

3. Briefly assess the development of the adolescent in the six developmental areas listed, including some examples or key ideas foster families may need to know. You will want to refer to the Cross-Stage Interaction Chart in Appendix H.

4. Explore with the potential foster family their capacity to handle the specific behaviors and developmental concerns.

Adolescent Behavior Checklist

_____aggressive toward younger children

_____poor school attendance

_____poor grades in school

_____withdrawal, sulking, uncommunicative

_____defiant, "talks back"

_____swearing

_____messy room

_____loud music

_____doesn't want to go to church

_____smoking cigarettes

_____drinking

_____marijuana use

_____bizarre, faddish, nonconforming dress, hair styles, etc.

_____history of runaway episodes

_____self mutilation or nervous "picking" at self (tattoos, picking of skin, hair, clothes, etc.)

_____sexual activity (contraception)

_____stealing

_____lying, telling "stories", etc.

_____personal hygiene

_____unsafe driving, risk taking behavior

_____aggressive towards adult, authority

_____other

Developmental Considerations of Foster Child (See Cross-Stage Interaction Chart, Appendix H)

_____Physiological

_____Sexuality

_____Competence

_____Individual and Peer Group Identity

_____Life goals and values

_____Self Control

Behavioral Contracting
With a Foster Adolescent

Behavioral contracts serve to develop concrete goals which the young person can be expected to attain. They help to motivate the youth and provide a reference point to measure progress. They also are useful in teaching responsibility for one's self, decision making and independence. Contracting reduces emotional conflict by redefining the relationship as a "business arrangement", removing the highly charged emotionalism from foster parent - foster teen interactions about responsibilities and privileges. There are several options for contracting depending on the situation. In all of them the worker serves as mediator. Expectations should be clear and sanctions and privileges should be spelled out so that the contractual allegations don't become a point of debate and conflict.

Behavioral Contract

Option 1 - The worker helps the youth and the foster parents spell out their expectations of each other. Examples of expectations of the teen can be - no drinking, cooking dinner, attending school, coming home on time. Those for the foster parent might include behavior management techniques (being consistent, following through on consequences), attending training, asking for worker support. This contract is useful in attempting to strengthen a placement where red flags have been identified, or could be used for pre-placement planning.

CONTRACT

Youth Responsibility	Foster Parent Responsibility
Goal: Youth will pass junior year	
Attend school - set alarm	
-getting up at 6:45	-check to see if alarm has gone off and youth is up
-use bathroom betwen 7:00-7:15	-have bathroom available
-eat breakfast 7:30	-set out breakfast
-gather together lunch, homework, books, etc.	-remind
-catch bus at 7:45	-monitor to make sure teen gets on bus
-go to classes	-regular contact with teachers, counselors and with attendance office
-choose time to study	-establish time frames to study
-do assignments	-provide environment for study. Review assignments. Positive reinforcement.
-use school supplies (paper, books, etc.)	-provide money or actual supplies

Signed:

Foster Parent_____

Youth_____

Worker_____

Date_____

Option 2 - The youth's responsibilities are clearly spelled out and tied to a specific privilege or sanction. An example might be: privilege--using the car; responsibility--coming home on time; sanction--staying home the next night; bonus--on time all week, get to stay out two hours later on Saturday night.

CONTRACT

Privileges	Responsibilities	Sanctions	Bonuses
going to movies Friday night	have attended school and completed assign-ments	stay home Friday night	extra hour past curfew
purchase of "special" item	pick up room and put clothes in laundry (weeks time)	no "special" item no clean clothes	lunch out on shopping trip

Signed:

Foster Parent_____

Youth_____

Worker_____

Date_____

SESSION 8

ADOLESCENT ABUSE AND NEGLECT: IDENTIFYING RED FLAGS AND INTERVIEWING THE ADOLESCENT

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Identify red flags of adolescent abuse.
2. Identify and apply interviewing techniques.
3. Staff difficult placement decision.
4. Summarize and assign supplemental reading.

Methods:

1. Group Discussion - Identifying Red Flags.

   Ask the group to discuss and list red flags, or configurations of indicators of adolescent abuse they have noted in their practice. At the conclusion, each small group reports to the large group, comparing their list with the list in the manual.

2. Demonstration and Role Play Application - Interviewing the Adolescent.

   Begin by asking participants what are some of the difficulties in interviewing adolescents, and what they have found useful. List useful approaches generated by the group. Demonstrate use of rating scale by asking a trainee to role play an adolescent. Form dyads, with one member being a worker and one being a adolescent. The adolescent on the dyad should select a red flag and think of a situation -- which may or may not be abusive -- which is occuring in the foster home or the youth's life. The worker may select the eco-map or rating scale, or use a combination of both to interview the adolescent regarding the red flag noted. Emphasize that the purpose of the exercise is to try the use of non-verbal diagrammatic techniques which reduce resistance and allow both sides of the ambivalence to surface. Conclude with general discussion, asking the "adolescents" to describe their experience, and the workers for feedback on the techniques.

3. Small group exercise - What Would You Do?

   Introduce the case of Tina as an example of a difficult case in which there are no clear cut answers. Such cases require careful staffing. Divide into four or more groups, assigning each group one of the four alternatives. In staffing the case, each group should generate answers to the questions in the manual and develop a workable solution. Ask one member of each group to observe and note the following:

How is support given in the group?
What knowledge is used?
What emotions are evident?
Who assumes leadership?
How agreement is reached?

Conclude by sharing with the entire group the results of small group staffing, including the process observations.

4. Briefly summarize with the group how working with adolescents is different than working with younger children. Assign reading "Mismatching of the Foster Parents and the Sexually Abused Pre-School Child" (Appendix I) in preparation for the next two sessions.

SESSION 8

ADOLESCENT ABUSE AND NEGLECT: IDENTIFYING RED FLAGS AND INTERVIEWING THE ADOLESCENT

by Marjorie Ziefert

with

Emily Jean McFadden

In Session 8 we will be working together to reach the following objectives:

- Identify 'red flags' for adolescent abuse in foster care.
- Implement two diagrammatic approaches to interviewing the adolescent in foster care.

Red Flags: Identifying the Abused or Neglected Adolescent

Abuse and neglect is suspected in any child when there is a particular configuration of physical, behavioral and/or interactional indicators which are evident in the child and her relations with others. This is also true in identifying adolescent abuse or neglect. However, with adolescents one is less likely to see the physical evidence, unless the adolescent intends that you do so. Physical abuse of adolescent is less likely to be as damaging as it might be with a younger child. Untrusting, ashamed, or pseudo self-sufficient teens are likely to hide the physical symptoms from worker. Thus, it is the behavioral and interactional clues that are more likely to arouse suspicion of abuse or neglect.

As with younger children, the behavior of abused or neglected adolescents ranges from extreme withdrawal to violent acting out. Their behavior, however, has more significant societal consequences and is often more visible and bothersome in the wider community than that of younger children. Teenagers who have been lifelong scapegoats or who have lived with a continual sense of futility and neglect are, during adolescence, at much greater risk for depressions, drug dependence, anorexia, withdrawal and suicide. Many, fulfilling parental expectations, become involved in an array of antisocial behaviors - the function being to reaffirm those expectations.

Abused and neglected adolescents are often the most ambivalent youth to work with. With them the normal developmental conflicts relating to dependence and independence are exacerbated by their

longstanding unmet needs and desires to escape painful situations and personal confrontation. This tendency itself creates frequent frustration, even for the most dedicated service provider. It is not uncommon for a worker to engage in an exhaustive search for alternative living arrangements for an obviously battered teenager, only to be thwarted by the adolescent's demand to return home. Running away, both literally and figuratively, is often a cry for help. Both in their own homes and in foster care the first suspicion of maltreatment may come from young persons' involvement in the juvenile justice system or the mental health system.

Interactional red flags come from one's own experiences with a young person and in observing their relations with family members. This too is variable with extremes of interaction being the red flag. Some young people may be hostile, aggressive and actively engaged in struggle in the foster home and with the workers. Others may be more withdrawn, compliant, fearful and noncommunicative.

The configuration of physical, behavioral and interactional indicators varies, with one being prevalent in some instances and combinations existing in others. This is dependent upon the severity of the situation and whether one or more types of maltreatment occur simultaneously.

Suspicion of abuse and neglect should be aroused when any of these indicators exist.

INDICATORS OF PHYSICAL ABUSE*

Physical Indicators

- Poorly explained or unexplained bruises, welts, fractures, lacerations and abrasions.

Behavioral and Interactional Indicators

- extremes in behavior
- excessive fear or aggressiveness as a reaction to touch
- provocative, confrontative behavior which might elicit maltreatment
- fear of parent or foster parent

*Indicators of Abuse were adapted by Marjorie Ziefert from the U.S. Department of Health and Human Services, Office of Human Development Services, Adolescent Abuse and Neglect: Intervention Strategies. Publication No. (OHDS) 80-302 66, July 1980.

- resistance to being 'at home' in the foster home
- acting out, assaultive
- reporting abuse

NEGLECT

Physical Indicators

- unattended medical problems
- throwaways (kicked out of foster home)
- functional abandonment by foster parents; lack of supervision or nurture

Behavioral and Interactional Indicators

- alcohol and drug misuse
- delinquent behavior
- status offenses

EMOTIONAL MALTREATMENT

Both emotional abuse and neglect are more likely to have behavioral and interactional consequences than physical consequences in adolescence.

Behavioral and Interactional Indicators

- poor ability to relate to adult and peers
- severe emotional disturbance
- self mutilation--ranging from picking at ones self to carving ones skin with a sharp instrument
- suicidal behavior or attempts
- anorexia

OTHER RED FLAGS

The suicidal adolescent may display many of the red flags for abuse and neglect. In addition she may give away prized possessions and write poetry or notes with death themes. For example, the teen may seem preoccupied with rock stars who have killed themselves. Only about 16% of adolescents who attempt suicide are diagnosed as psychotic (Huasain, Vandiver 1984). It is important to distinguish between the adolescent who has abused drugs and the adolescent who is psychotic. The typical suicidal adolescent is one who feels hopeless, who has lost a parent, who has been neglected or abused and who is not doing well in school. This profile fits the majority of adolescents in care. It is important, when interviewing the adolescent, to be alert for cues or hints about suicide. If any are perceived, the worker should ask if the youth has contemplated taking his life. If so, the worker should find out if the youth has a plan, and the means to do so. Immediate intervention may be required.

INTERVIEWING THE ADOLESCENT: MONITORING THE PLACEMENT OR RESPONDING TO RED FLAGS

Monitoring the Placement

As adolescents are a high risk group in foster placement, it is important to monitor most if not all adolescent placements carefully. Care should be taken to establish involvement, contact and communication early in the placement, if not before:

- The adolescent should have several copies of the worker's card (one may get lost) with not only the worker's number, but also the name and number of the supervisor or other backup people.

- The worker's presence in the foster home or at separate interviews at school or in a restaurant is a visible sign to the adolescent of the worker's concern. Even if the adolescent appears uncommunicative, the worker's physical presence is a powerful message.

- The foster family should be informed that the worker is meeting with the child outside the home.

- The worker may gain a great amount of data from observing the interaction within the foster home between the adolescent and foster family.

- Joint interviewing with foster parents and adolescent reduces the potential for triangulation and manipulation.

- Review and revision of the placement contract helps the worker assess the success of the plan.

- Participation in a group of adolescents who are in foster care may provide an outlet in which the youth can talk about circumstances in the foster home.

Responding to Red Flags

When the worker identifies red flags, the first step is helping the young person to communicate what is going on for her and in the foster home. Often adolescents are hesitant to open up verbally and will respond more readily to written or diagrammatic communication techniques. Many adolescents will enjoy looking at their life situation with an eco-map. (See "Diagrammatic Assessment of Family Relationships" in Appendix C). In identifying their perceptions of stresses, adolescents may also initiate discussions of maltreatment or other problems.

How do I involve the adolescent in doing the eco-map?

> Give the map to the youth. Put him in charge. Explain that this map will show him a picture of his life now, in this place. It may help him understand his situation better, and it may help you.

Another technique that is useful in helping adolescents clarify their thoughts and feelings is use of a scale. All that is needed is a piece of paper and a pencil that the worker gives to the youth after drawing a scale on it.

USING A RATING SCALE

1	2	3	4	5	6	7	8	9	10
Awful									Perfect

Terrible	Pretty bad	OK	Good	Excellent

or

Not at all	Not much	Somewhat	A lot

When the worker asks a question:

_____ how are things going in placement?

_____ is there conflict between you and the foster parents?

_____ how is school going?

_____ how much did this affect you?

The youth can respond by making a mark on the scale, showing the worker her reaction, even though it may not be comfortable to verbalize the thought. This response can open the way for further exploration by the worker.

If the youth does not volunteer information or appears to be withholding communication the worker can:

_____ restate his role, especially the responsibility for helping and protecting the youth.

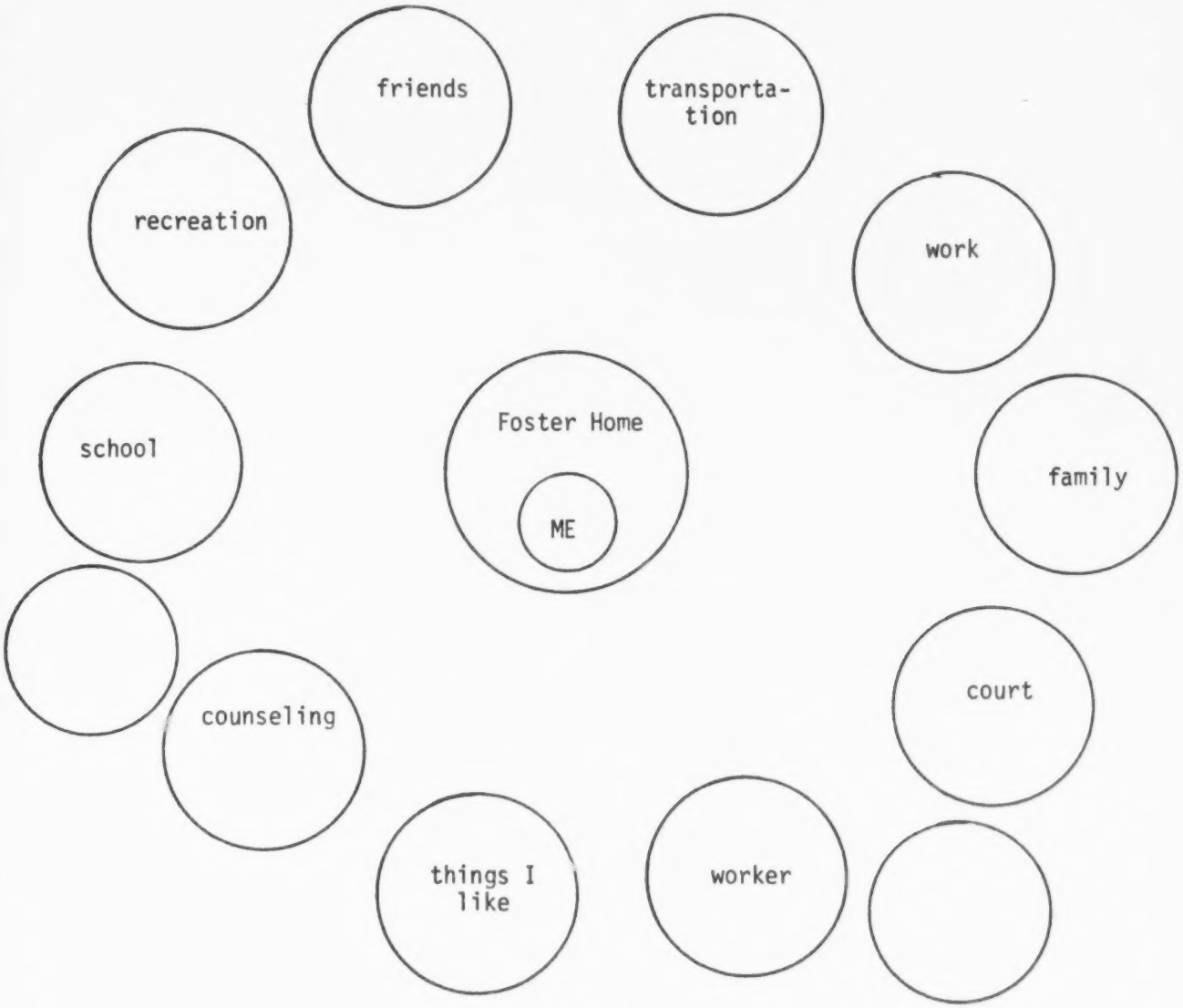
_____ acknowledge that he understands how difficult it can be to talk about painful things.

_____ describe the red flags observed.

_____ explain concern "it seems like there must have been a reason for your running away, and I'm concerned about it."

_____ state that he cares. Describe his caring and the extent of his concern "sometimes when I'm driving I find myself wondering how you're doing in the foster home. I really care about you, and I think about you a lot."

TEEN ECO-MAP



Draw arrows to signify
flow of energy, resources, etc.

⟶ ⟶

Fill in connection where
it exists.

_____strong connection

/ / / /stressful connnection

---------tenuous connection

Adapted from eco-map developed by Dr. Ann Hartman. See diagramatic assessment of family relationships.

SUGGESTIONS FOR WORKING WITH ABUSED AND NEGLECTED FOSTER ADOLESCENTS

When responding to red flags in an adolescent foster care placement:

Be concerned and interested but non-judgemental:

- believe what she tells you
- don't overreact with shock or blame
- let her talk about incident(s)
- try to obtain specific information

Provide support during the problem solving process

- remain with the youth (emotionally) until some resolution is developed
- maintain open communication
- help her to identify and express feelings about events and foster family
- let her know that you value her and that she does not deserve mistreatment

Involve the youth in decision making

- let her know you may have to inform protective services, or begin a complaint procedure, and be clear about the process
- if you must report before she is ready to, be clear and honest about what will happen
- help her to formulate her goals
- present available options (information from which decisions can be made) to youth

If needed, provide protection

- be available for crisis
- try to mediate between youth and foster family
- have provision for re-placement, if needed
- allow youth to share preferences in regard to re-placement

What would you do?

Tina, an adolescent on your caseload, alleged that she has been physically abused by a foster parent. Protective Services has thoroughly investigated and found no evidence of physical abuse. The foster parents have consistently denied the allegations and are upset with Tina. As far as you know they are good foster parents, who are experienced with teenagers.

Select one of the following situations.

1. Tina does not change story, but wants to stay with the foster family anyway.

2. Tina admits to you that she lied, but wants to stay with foster family.

3. Tina admits to you that she lied, but wants to leave the foster home.

4. Tina does not change her story and wants to leave the foster home.

Why would Tina lie?

See page 69, Session 6.

How would you feel about Tina?

How would you work with Tina? With the foster family?

In any circumstances it is important to monitor Tina closely. The incident is a red flag. Therapy or casework services are necessary to open up communication. The foster parents will need to ventilate, and Tina needs to examine her feelings about the foster family.

SUMMARY NOTES

What are the unique aspects of working with an abused adolescent? (as opposed to an abused child)

Abused adolescents may represent the gamut of stages of development. Many, if not most, are emotionally behind their chronological age.

Adolescents are less likely to talk, confide, reveal.

Adolescents have variability in emotions, moods, and may swing within an hours time from wanting to be dependent to wanting to be independent.

Developmentally adolescents are pulling away from parents and orienting to peers. This may complicate placement in a family.

Adolescent's sexuality is burgeoning and becomes an extremely important factor, even if the adolescent is not sexually active.

Adolescence is the developmental stage where we, as workers, usually have the most unresolved past issues or conflicts.

SESSION 9

OVERVIEW OF CHILD SEXUAL ABUSE

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Examine feelings and myths about child sexual abuse.

2. Examine dynamics of sexually abusive family.

3. Examine criteria and issues in placement of the sexually abused child.

Methods:

1. Awareness Exercise - Feelings and Myths About Child Sexual Abuse.

   a. State that it is difficult to deal with the topic of sexual abuse because of our own feelings, difficulties in communication about human sexuality and the prevalence of myths. Ask participants to write down their feelings and discuss the range of feelings, giving each person permission to have those feelings. Mention that in an area where such strong feelings are aroused it is especially important to utilize supervision staffing and consultation.

   b. Invite group to discuss how they learned about sexuality. Expect a lot of joking and laughter. Acknowledge at some point that the humor may indicate the general discomfort with communication about sexuality in our culture. Remind the group that many foster parents may feel acutely uncomfortable about sexuality issues, but we must communicate openly with them about sexuality.

      You may want to brainstorm and list names for body parts (penis, vagina, breasts, buttocks) that staff learned as children. This serves two purposes; desensitization in talking about sexual issues, and reminding staff about the wide range of terms which children may employ. It is important that we educate foster parents about children's sexual terminology.

   c. Briefly review the "Myths" asking the group which myths they might have believed.

2. Mini-lecture: Summarize the dynamics of sexual abuse in families or sculpt a sexually abusive family.

3. Discussion: Placement Criteria.

   What did the trainees find to be useful in the reading on mismatching of the sexually abused pre-school child? What points would a worker raise with foster parents prior to placement. If time permits, trainees might wish to role play a pre-placement discussion with foster parents.

4. Assign Appendix J, "Talking with Foster Parents About Sexual Abuse: An Interview Format" in preparation for Session 10. Optional homework assignment for trainees may be to begin discussion of sexual material with foster parents, and note their own reactions of comfort or discomfort.

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SESSION 9

OVERVIEW OF CHILD SEXUAL ABUSE

by: Bennie Stovall
with
Emily Jean McFadden

We will be working together in Session 9 to achieve the following objectives:

Identify three variables associated with sexual abuse in families.

Identify three placement criteria regarding the sexually abused child.

It is sometimes difficult to address the issue of sexual abuse because of our own feelings about the subject, and the prevalence of myths about sexual abuse of children. We will start by examining our reactions. Use the space below to jot down five feelings you have about sexual abuse:

1.

2.

3.

4.

5.

Put an asterisk by the feeling that is most pronounced.

In order to discuss human sexuality and the dynamics of sexual abuse, we need a degree of comfort in talking about sex:

When you were a child, what were family words for sexual parts?

How did you learn about sex?

How did your parents talk to you about sex?

MYTHS

The following are some of the more prevalent myths concerning sexual abuse of children.

1. Children are sexually abused by strangers.

FACT: The National Center of Child Abuse and Neglect (NCCAN) reports: conservative estimates reveal that more than 100,000 children are sexually abused in the United States each year. Of that number 80% are sexually abused by a family member or someone known to the child.

2. Sexual abuse of children is a violent act.

FACT: Again NCCAN reports that in reported cases of child sexual abuse, only 5% are acts of violence.

3. Persons who sexually abuse children are mentally ill.

FACT: While some persons who sexually abuse children are mentally ill, not all child sexual abusers are mentally ill. However, child sexual abusers do have difficulties or problems with appropriate adult-child relationships.

4. All child victims of sexual abuse will experience trauma.

FACT: Some children experience trauma. However, most frequently trauma is related to the child's lack of opportunity to resolve guilt and confusion concerning the incident. All children do not automatically experience trauma as a result of sexual abuse.

5. Sexual abuse of children only happens in low-income families, certain ethnic groups or by persons who are ignorant.

FACT: There are incestuous families of poverty level, middle and upper income as well, and various ethnic groups. In addition, these families and individuals represent a wide variety of levels of education. The range includes the illiterate to graduate level professional.

6. Only men sexually abuse children, and the victims are female.

FACT: Women sexually abuse children also. Male and female children have been identified as victims.

7. In families children are victims of sexual abuse because the parents do not have a sexual relationship.

FACT: In most situations of intra-family sexual abuse, the parents do have a sexual relationship. While this relationship may not be satisfactory to one or both, it is not the cause of activity with a child. Child sexual abuse is not "sexual" as we recognize it in adult sexual relationships.

8. Some children are seductive and thereby provoke or encourage situations that result in sexual abuse.

FACT: Seduction is learned behavior, taught by adults to children in many ways. It is the adult's responsibility to also teach the child when such behavior is not acceptable; rather than take advantage of the child.

9. Sexual abuse does not occur in foster care.

FACT: Sexual abuse does occur in foster care. While the actual incidence is still unknown, many substantiated complaints regarding abuse of children in out-of-home placement involve some type of sexual abuse.

10. When children are sexually abused in foster care, the foster father is always the perpetrator.

FACT: Foster mothers and other children in the foster home may sexually abuse the foster child.

SEXUAL ABUSE IN THE BIOLOGICAL FAMILY

It is particularly important to focus on the myth concerning the kinds of families in which sexual abuse of children occurs. There is a misconception that one can readily identify those families which are sexually abusive. As the statement above indicates, sexual abuse of children does not know racial, cultural, ethnic or socioeconomic boundaries (National Center on Child Abuse and Neglect, 1981). Yet many social workers seem to ignore this fact as they review applicants and interact with licensed foster families. There seems to be a denial that foster families could potentially abuse children in this manner. While we feel the concept of the incestuogenic family is debatable, the intent here is to convey the more commonly accepted position that there are certain dynamics present in families where child sexual abuse has occurred. The following is a list of some of the agreed upon dynamics.

SOME FAMILY DYNAMICS: CHILD SEXUAL ABUSE

General Characteristics:

* Family is isolated
* Family sexuality unclear to members
* High level of stress in the home
* Lack of appropriate family boundaries
* Children seen as vehicle for marital stress

Specific Characteristics:

Mother	Child	Father
*Is distant or emotionally withdrawn from mate/ spouse and child	*Needs nurturance	*Appearance of mature adult male, when in fact very insecure about masculinity
*Role reversal with child	*Poor relationship with mother	
*Has a lot of dependency needs/low self-esteem	*Seeks affection and support from father	*Usually employed
*Possible victim of sexual abuse as a child	*Learns to be seductive	*Present a very caring and very concerned attitude about child
	*Learns to be mediator, "savior" of family members	*Poor self-concept

In most families, the pattern of sexual abuse is very similar to that described by Helfer (1975) as the W.A.R. cycle*. This pattern suggests that the adult persons involved have experienced an inappropriate socialization as to the roles and expectations of family members. Therefore from the decision to conceive a child, to the actual birth, the child is seen as the solution to whatever difficulties the adults are experiencing. The significant difference with the sexually abusive family is that children tend to experience what seems like parental love and

*Note: The World of Abnormal Rearing--W.A.R.--is a diagram depicting the intergenerational cycle of maltreatment. It depicts themes of unrealistic expectations, role reversal, trust not learned, isolation and low self-esteem which occur over time between the birth and the adulthood of the abused child. The culmination of the cycle is the adult's decision to give birth to a child who, it is hoped, will meet the adult's unfulfilled needs.

nurturance. However, closer examinations reveals that this parental role is merely an excuse for the abusive parent to have inappropiate parental contact; to have his or her needs met. For example, generally parents touch or kiss their children to communicate parental love. In the sexually abusive family the same behavior is implemented primarily for the satisfaction of the abuser's needs.

Referring back to the list of dynamics, the scenario of abuse would proceed in the following manner in families of origin. The adults would get together for inappropriate reasons. Each would have fantasies that the other would be able to meet their needs. When they discover that this is not working, their solution is to have a child. However, because of their childhood experiences, neither parent is fully capable of parenting within the range of what has been defined as normal rearing. (This is the application of the W.A.R. cycle information). Depending upon the family, mother is sometimes able to perform her role for several months or years of the infant's life. However, at some point she is unable to provide what her child needs because of her own dependency needs. It is usually at this point that mother backs off in her interaction with her child. In some cases, she literally withdraws emotionally and is unable to provide nurturance for the child. In doing so she "gives" the child to her mate, and what appears to be normal parenting and nurturance by the father begins. Of course what is really happening is the father uses this role to have contact with the child for the expressed purpose of meeting his own needs.

Many might question the role the child plays in this. As we know, all children have the need for nurturance. Since mother is unable or unwilling to provide this, the child learns that father is the person from whom she can receive this needed contact. Initially, the child has little or no cognition that this behavior is anything other than parental love. However, as the child grows older, generally there is confusion about the behavior, because it seems to occur only when others are not present, or in some circumstances because father threatens the child. Threats are not always of harm of punishment, but also include references to not living together anymore or of leaving the child and/or family. As the child grows older, in most circumstances the child recognizes that the behavior should not occur, but is powerless to change the situation, especially since a child's word tends to have little credibility against an adult's. Therefore, many children continue to suffer in silence. Other children learn to adapt, and in fact some learn to manipulate their abusive parent to the child's advantage. The latter is particularly true of adolescents.

In the reconstituted family or situations where there is a living together partner, the dynamics are similar. Although the adults may not be bound by the social norm of blood ties, they behave in the traditional roles of families, and thereby exert the same

power and influence towards the children of the family. Thus, frequently mother is still a dependent person and will vie for the attention of the adult male, who is in the father role. This male person tends to rationalize that the child in question (frequently an adolescent) is not his child, or blood relative, therefore he is merely responding to the child's request. The implication is that the child is responsible, especially when the child behaves in a seductive manner. This person ignores the fact that no matter what the behavior might be, it is the behavior of a child, and often a child over whom this adult person has exercised role power.

The above discussion focuses on families in which the perpetrator is male. The dynamics are similar when the abuser is female. However, what is most important about these family dynamics is that fact that sexual abuse of children within the context of the family, requires permission of the members to behave as outlined. For example, when father is abusing, mother takes a more passive role. The reverse occurs when mother is the abuser.

* * *

Sexual Abuse by Female Perpetrators

Because of sexist biases, it may be more difficult to accept and understand the reality of sexual abuse by females. The practice literature virtually ignores the existence and dynamics of sexual abuse by a female perpetrator. We believe that sexual abuse by females is under-reported, and at times denied or minimized when it is reported.

In our culture, male children are assumed to be more sexual beings than female children. There is less concern with preserving a boy's purity or virtue than with the importance of the girl's innocence. In fact, when an adolescent male becomes involved with an older woman the incident might be viewed favorably, as an initiation or rites of passage. However, the boy who is sexually involved with a woman may feel powerless, overwhelmed or angry, in addition to being caught up in powerful sexual feelings of the moment.

If a 13 year old boy reported he had sexual contact with a thirty-five year old mother of his best friend, how would you perceive it?

If a 13 year old girl reported she had sexual contact with the father of her best friend, how would you perceive it?

Male victims of incest and molestation are consistently reluctant to report or discuss their experience. Much of this resistance pertains to societal pressures for the male to be strong, in control and self-reliant. If a boy becomes a victim, he is unable to measure up to these stereotypes and qualities. Since boys are not encouraged to seek help, and there is little societal acknowledgement of the female as aggressor in relationships which cross the generational boundry, the sexually abused male child often suffers in silence (Nasjeti, 1980).

While girls are sexually abused by females also, it is easier for us to conceive of the girl as victim, regardless of the sex of the perpetrator. Similarly, we can cast the boy in a victim role if he is homosexually exploited or assaulted. But we seem to have a societal denial of sexual exploitation of boys by older females.

Perhaps one reason that we find it difficult to think of women as perpetrators is that women, in our culture, have a permission, or even an obligation to perform acts of nurturing and intimacy which involve touching the boy's body when he is a young child. Diapering, bathing, toileting, applying lotion and other acts of personal hygiene are part of a normal caretaking role. That is to say we equate women as nurturers, not molesters. However, one way of thinking about some types of female molestation is that it may involve physical intimacy and touching which have been prolonged past the appropriate stage of development. For example, while it is "normal" for a mother or babysitter to wash the genitals of a two year old, she should not be doing so when the child is twelve. This type of contact prolongs dependency and promotes infantilization of the young boy, often giving rise to repressed rage, as the boy struggles to cope with the stimulation. Similarly, a mother or older sister who lets the small boy into her bed for comfort during a thunderstorm might deny any sexual intent. She might continue to deny sexual intent when the 13 year old is getting into her bed afraid of the dark. Yet clearly, as the boy develops sexually, such physical closeness is highly charged, and can lead to sexual contact or intercourse. If such childhood behavior continues, by the time the male child reaches an age where there is physical evidence, he is reluctant to report such information.

Mothers who become sexually involved with their sons often use the same types of rationalizations that fathers use about daughters. These include incest as the expression of deep love; providing her son with sex education; possessiveness or protection from a hostile world. Incestuous mothers may also be seclusive or isolated, or promiscuous. A few may even be psychotic (Justice and Justice, 1979). Some, however, may deny any incestuous overtones and repeatedly assert that they are only providing good maternal care.

One problem in understanding the situation involving a female perpetrator is that we have been taught to think in male-oriented terms such as looking for evidence of penetration and ejaculation. Typically, female perpetrators neither penetrate the child nor ejaculate. Sexual activity is more likely to involve fondling or oral/genital contact. A mother and young son may be sexually involved to the extent of orgasm without physical evidence, as the child is too young to ejaculate, and the ejaculation of women is more subtle and less frequent than that of men.

Because the data base is small, it is difficult to discuss long term consequences for the boy of sexual abuse by females. According to Justice and Justice (1979):

> "The incestuous relationship between mother and son may stop short of intercourse and still be damaging...she uses seductiveness and a high degree of possessiveness to discourage him from having outside interests and becoming independent of her...Most of the incest that goes on between mother and son seems to be a kind where there is excessive physical contact, which becomes sexually stimulating. Generally, the mother is giving the son a "don't grow up" or "don't leave me" meassage as she prolongs physical contact with him, sleeping with him, bathing him, dressing him... Since the father is excluded in the families where mother-son incest takes place, the son suffers sexual identity problems from never having a male role model. Socially, he becomes retarded and remains overly involved with mother...The son suffers the same consequences from this role reversal as does the daughter in father-daughter incest." (Justice and Justice, 1979, pp. 194-5).

In short, seduction of a boy by his mother, mother surrogate or significant adult female in his life can be detrimental to his psychosocial development. The negative effects of such sexual experiences are numerous, and most endanger the well being of women and children who become victims of men, who as boys, were sexually abused by women (Nasjeti, 1980).

The actual incidence of sexual abuse by mothers or significant female caregivers is unknown. Finkelhor found no cases of mother-son incest in his study, although his survey documents instances of sexual contact with aunts (Finkelhor, 1979). Justice and Justice found only two cases in a study of 112 families (Justice and Justice, 1979). Practitioners working with sex offenders (both rapists and pedophiliacs) have indicated to us that a number of their clients disclosed in treatment sexual victimization by female caregivers which had never been reported. Many practitioners believe that when we rid ourselves of sexist thinking and boys are encouraged to report, and when societal misconceptions and denial are reduced, we will see a significant increase in reported cases. It is important to be aware that the possibility exists that boys entering foster care may have been involved in father-son incest, mother-son incest, or sexual exploitation by older women or men.

* * *

The sexually abusive family tends not to communicate well, so that children learn not to voice concerns, feelings or to report incidents.

With this information about how the sexually abusive family functions, one begins to look for evidence of these dynamics as part of the assessment process. In addition, one should be familiar with the following:

SEXUAL ABUSE: THINGS TO LOOK FOR*

FROM THE CHILD:

1. Regressive behavior--molested children (especially young children) may withdraw into fantasy worlds. Sometimes these children give the impression of being retarded when, in fact, they are not.

2. Delinquent or aggressive behavior--molested children (especially pre-teen and teen) often act out their anger and hostility on others.

3. Sexual promiscuity--the sexually molested girl or boy may be sexually promiscuous, and their behavior may become very apparent not only to the school, but to the entire neighborhood.

*The material in this section is reprinted from Stovall, B. Child Sexual Abuse. (1981) It was originally abstracted by B. Stovall from URSA, Urban and Rural Systems Associates: Contract to Develop Child Abuse and Neglect Materials.

4. Confiding in someone--a molested girl may confide in a special friend or teacher. These confidences may not take the form of direct information about being molested, but may involve statements such as "I'm afraid to go home tonight," "I want to come and live with you," or "I want to go and live in a foster home."

5. Poor peer relationships--molested children (if molestation has occurred over a long period of time) may not have social skills or are too emotionally disturbed to form peer relationships. The parent(s) has a vested interest in keeping them emotionally isolated. The child may have such a poor self image (the bad me concept) that it overshadows his whole existence.

6. Prostitution--the middle-to-older, molested teenager may turn to prostitution.

7. Extremely protective parent--in incestuous relationships, the parent involved may become exceedingly jealous of the child, often refusing her any social contact. The parent is afraid the child will tell, but even more afraid of losing the child to others. A father, for example, may pick up his teenager daughter at school every day and become furious if he sees her talking to anyone.

8. Unwillingness to participate in physical recreational activities--young children who have been highly sexually stimulated or forced to have sexual intercourse with an adult, may find it painful to sit in their chairs in school, or to play games which require a good deal of movement.

9. Runaways--teenagers who have been molested sometimes run away from home to escape the situation.

10. Drugs--teenagers who have been molested may resort to escape through the use of drugs.

11. Confession--the child who has been molested may seek to report the offense. Teenager reports may be ficticious, but a thorough investigation should be made to determine the validity of the statement.

AT THE DOCTOR'S:

1. Bruises in external genitalia, vagina, or anal regions.

2. Bleeding from external genitalia, vagina, or anal regions.

3. Swollen or red cervix, vulva, or perineum.

4. Positive tests for spermatozoa, pregnancy, or venereal disease.

IN THE HOME:

1. Prolonged absence of one parent from the home.

2. Loss of one parent through death or divorce.

3. Gross overcrowding in home--insufficient sleeping space.

4. Physical proximity.

5. Alcoholism.

6. Family members lack normal social and emotional contacts outside of the family.

7. Isolation--created by the remoteness of home to other homes (in rural areas.)

Further, the worker also refers to the documented indicators of child abuse and neglect, which we discussed in sessions one and two. Some examples would be:

- Marital Relationship (Adult/Significant Other)

- Generational Factors: Were the adults sexually abused as children?

- Parent/Child Relationships

- Communication Patterns

- Evidence of Stress

Thinking of the dynamics of the sexually abusive family, what might the child have <u>learned</u>?

- That attention or nurturance requires sexual behavior.

- That she can't talk about sexual abuse.

- That she should not communicate wants or feelings.

- That she is needed to keep the family together.

- That she is special.

How might the child's expectations about family life affect a foster care placement?

If female child abused by father:
The child may be distant from the foster mother and too close to the foster father.

She may not communicate openly with the family.

She may display sexualized behaviors which are upsetting to the parents.

If male child abused by mother:
He may be too close to the foster mother and distant from the foster father.

He may expect a great deal of touching, nurturing and physical care from the foster mother, and display inappropriate touching with her. He may seem clinging and dependent.

What would your criteria be in selecting a placement for a sexually abused child?*

Secure marriage, open communication about sexuality.

Understanding of child development and sexual development.

Not rigidly religious or moralistic about sexuality.

Willingness to work closely with worker or therapist, and to participate in training.

Self-esteem and intelligence of foster parents.

How comfortable are you in discussing issues of sexuality with foster parents?

*See "Mismatching of the Foster Parents and the Sexually Abused Pre-School Child" (Appendix I).

SELECTING A PLACEMENT FOR THE
SEXUALLY ABUSED CHILD

Topics for Exploration with Foster Parents Prior to Placement:

Open communication with worker. Can they confront, ask for help, honestly disagree with worker?

Comfort with issues of a sexual nature. Can they discuss sexual matters with the worker? How do they handle discussion about sexual matters with children?

Religious, moral convictions about sexuality. Is masturbation perceived as sinful? Can they understand sexual promiscuity in the older child? What are attitudes toward contraception? Homosexuality?

What would reactions be to sexually abusive birth parents?

What is the foster family's knowledge of child development?

What is the family's ability to handle aggressive and demanding child behavior of a non-sexual nature?

What are the attitudes toward corporal punishment? How do they view discipline?

Regarding the child's sexualized behaviors, do the foster parents see their role as one of helping the child to learn appropriate behavior? How might they teach the child?

How do the foster parents view the stability and sexual satisfaction of their marriage? Are there problems with jealousy? Do they have time and opportunity to be emotionally intimate with each other?

What are the ages and stages of development of other children in the home?

Can the foster parents accept the high risk nature of this type of placement, and handle the possibility of allegations by the child and a complaint investigation?

How might the foster parents understand and handle the following child characteristics:

- Fear of intimacy - undressing, bathing, being alone with an adult.
- Sleep disturbance, nightmares, bedwetting.
- Overaffection, seductive behavior to a foster parent or other children.

- Poor peer relationships, difficulties in relating to other children.

- Sexual behavior with other children, as victim or aggressor.

- Masturbation in public.

- (in older children) Sexual activity and/or promiscuity. Need for contraception.

Finally, have the foster parents participated in training? Are they open to further education? Are they willing to work with the caseworker or therapist to provide a therapeutic placement?

For additional approaches in discussing sexuality with foster parents, see Appendix J, "Talking with Foster Parents About Sexual Abuse: An Interview Format."

Important Points for Foster Parents

1. Obtain information from workers about all the child's experiences, not just the abusive one, things like understanding of roles, relationships, sexuality, and communications.

2. Communicate clearly and consistently to the child the norms and expectations of the foster home. e.g., "In our home when we care about someone we say it like 'I am proud of the way you handled that!' We also touch one another, to hug or to kiss. But--we get permission first. You and everyone else living here can say I don't want to be touched!"

3. The foster parent may also have to say--"I understood that in the past you have learned to be nice to others by touching in that way. We do not do that because it is confusing. We believe you and everyone has a private body that should not be touched except--explain to bathe, for doctors exams, etc." Foster parents can show younger children that people should not touch them "wherever they can cross their arms" or "any place that your bathing suit covers."

4. Allow a sexually abused child to behaviorally communicate, even when it's sexually explicit, then communicate in the manner as described above. This requires real work on one's values and training on how to handle the situation so the children can learn, rather than using punishment.

5. Throughout your contact with the child remember and recognize the child's need for acceptance and nurturance. Communicate that behavior may need to change but that the child is O.K. and you are accepting the child.

6. Do not perpetuate myths or misconceptions by avoiding the issue or the child's request for information.

7. Understand that boys as well as girls may have been sexually abused but have may not reported the incidents. Foster parents need to be aware that any child placed with them regardless of age or sex, might have been sexually abused.

SESSION 10

CHILD SEXUAL ABUSE IN FAMILY FOSTER CARE

INSTRUCTOR'S INTRODUCTION

Purpose:

1. Examine the nature of sexual abuse in family foster care.
2. Identify red flags of sexual abuse in the foster home.
3. Staff cases to summarize knowledge.
4. Provide closure for training.

Methods:

1. Discussion - Child Sexual Abuse in Foster Family Care.

   Outline difficulties of determining actual incidence, and give definition. Review family dynamics, and discuss child characteristics. Elicit case examples from participants. Acknowledge ambiguity of decision-making, especially the issue of whether or not a child would lie. Reinforce the importance of communication with foster parents about sexuality. Discuss Appendix J.

2. Small Group Exercises - Identifying Red Flags.

   Divide into small groups groups to generate red flags participants have noted in their practice experience. When groups report to the large group, summarize and compare to the list in the manual, adding additional red flags generated by discussion.

3. Staff Cases.

   Use the cases of Karen and Tim and case material generated by participants. Divide into small groups to discuss cases, identify red flags and prevention points. When reporting to large group ask participants to share their conclusions; their feelings about the case, and the experience of working in a group. Underscore the importance of collective thinking and consultation on difficult and ambiguous cases.

4. Provide closure.

Ask trainees to spend five or ten minutes quietly thinking and writing about questions on summary pages. Begin the final sharing process by acknowledging your feelings, and the single most important thing you learned. Ask each participant to summarize in one sentence the most important learning. At conclusion, if feasible, ask all participants to keep in touch and feel free to use you as a resource. Wish them well in their efforts to prevent abuse. (If evaluation is to be administered in class, hand it out at this time.)

SESSION 10

CHILD SEXUAL ABUSE IN FAMILY FOSTER CARE

by Bennie Stovall
with
Emily Jean McFadden

In Session 10 we will be working together to achieve the following objectives:

- Identify three red flags of potential sexual abuse related to the child's behavior.
- Identify three red flags related to the foster family.

CHILD SEXUAL ABUSE IN FOSTER FAMILY CARE

Nature of the Problem

While the literature on child sexual abuse is rapidly increasing, there continues to be little available concerning the incidence and nature of child sexual abuse in foster families. Unfortunately, this lack of information tends to perpetuate the myth that children are not sexually abused while in foster family care. Added to this is the issue of defining child sexual abuse in the context, and the lack of knowledge and sensitivity of social workers to appropriately and effectively intervene.

The available data generally do not specify incidents of child sexual abuse within foster families. For example, the National Center on Child Abuse and Neglect (1981) reports that annually more than 100,000 children are victims of sexual abuse, by members of their families or someone known to the child. Again, the term "family" is not elaborated upon to include foster families. Michigan Department of Social Services reported that approximately 1,800 cases of child sexual abuse were reported for 1981. These cases represented all populations throughout the state, however, it does not single out such abuse as occurred in foster home. Such reporting would come under the guidelines of "institutional abuse," which is handled in a somewhat different manner. Once again these data tend not to highlight the number of incidents of sexual abuse, instead there seems to be more emphasis on the substantiation of the allegation in cases alleging child sexual abuse in foster care placement. The greatest source of information is from former foster children. Most of these persons report the abuse after they are outside of the foster care system, which usually means that the information is not available as a part of any current reporting system. Even when children are courageous enough to report such incidents relatively soon after the fact, many such reports do not become a part of the formal record keeping system.

One of the primary issues here is the fact that many adults refuse to believe a child's report of sexual victimization. This denial is particularly strong when the allegation involves a foster parent. Unfortunately this adult denial also communicates a sense of hopelessness and futility to many children, resulting in the child's reluctance to report. Another factor is the child's intense fear of the unknown consequences of such actions. Most children realize that if someone believes them, they will probably be placed in another new environment with the potential for further abuse. It is in many ways for the child a "Catch 22."

It becomes obvious that if we do not have data to support incidence, there is a greater tendency to deny that a problem exists. Child sexual abuse in foster families is further denied by many, especially social workers, based on the overall perceptions of what foster family care actually means. Many workers perceive foster care as the solution for the problem of abuse and neglect. This perception seems to heighten in cases of child sexual abuse. Thus many children who are sexually victimized within their biological families are automatically placed in foster care when social workers intervene. There seems to be an emphasis in this perception that the child must be rescued from the dysfunctional family of origin and is placed for survival with a foster family. This thinking does not acknowledge the fact that many, in fact most, foster parents have not been prepared or trained to meet the needs of a child who has been sexually abused. Also, this thinking does not consider that foster parents are forced to deal with a great deal of stress, with very little preparation or training. Further, it seems to ignore the possibility that some foster families can be as dysfunctional as any other family. It is known that a minority of foster families given certain circumstances will behave in an abusive manner with children, especially those children who are not their own biological offspring.

In essence, workers who perceive foster care as the solution for sexually victimized children, frequently deny that this solution may in fact be an abusive environment for the child. These workers also have the difficulty of not being able to emotionally handle such cases, and avoid having to do so by placing these children, thus they are satisfied that something has been done.

Finally there is the issue of a definition of child sexual abuse. When defining this problem there is the difficulty of clarifying the various behaviors and the persons involved. This would include the social, medical and legal aspects involved. Thus we have situations where the age or status of victims is not used as part of the definition, leading to confusion about "who is a child". This also refers to the relationship between the child and the perpetrator, so in some cases abuse is denied because there are no blood ties, or they are only two kids exploring as in those situations where the biological child of the foster family engages in sexual activity with the foster child. Further we find that medically we rule out child sexual abuse because there

is no sperm or the hymen is still intact. For some persons the absence of intercourse or its evidence, confirms that there has not been any sexual abuse. For clarity, the following definition will be used as it helps to identify the person and the behaviors most consistently seen in cases of child sexual abuse:

> "The adult (or older child) exploitation of the normal childhood development process, through the use of sexual activity; such as touching, kissing, fondling, digital manipulation of the genital, and actual sexual intercourse." (Stovall, 1982)

Foster Families: Similarities and Differences

As suggested thus far, there are many similarities between the sexually abusive biological family and the abusive foster family. Any and or all of the mentioned dynamics are present when sexual abuse is confirmed in the foster family. This is particularly true of those dynamics describing the reconstituted or living-together family. The social definition of incest and the taboo of blood-ties are absent, so that again, there is a rationalization that the behavior is not as bad. It seems this occurs more often in the foster home because the child placed is in fact very provocative. If one will recall, the child has learned an inappropriate way of relating to adults. This includes trying to have needs met in the same sexual manner in which the child perceived these needs were met in the family of origin. Thus, the child, who has learned that fathers are affectionate and mothers are passive, transfers this behavior to the foster parents. If these foster parents have not been prepared, they may misinterpret such behaviors. The exact interpretation will vary in foster families. However, usually it is initially viewed as a "needy" child, and the foster parents behave in what they think is a normal parental response. Even when this is their total intent, it is not necessarily viewed in the same manner by the child. Foster parent behavior may replicate the child's earlier life experience with people in intimate living conditions. For example:

> Cindy, age 4, had been sexually abused in the bathroom by her biological father. He would take her in there after dinner, close the door, take her clothes off, fondle her and ask her to touch his penis. One night, in the foster home, the foster mother had to leave for a church meeting and asked her husband to bathe Cindy. He took her in the bathroom, closed the door and removed her clothes. When she was in the tub, he took a soapy washcloth and rubbed it over her body. To Cindy, this seemed to be the same set of events that had occurred with her own father, so she began trying to touch her foster father's penis.

Going back to the definition, there seems to be an increase in the child's demand for demonstrative affection from the foster parents. It is at this point that dynamics of the foster family are very important. If these adults have had similar life experiences, or other difficulties as listed, the process of abuse is well underway to becoming a reality.

It is important to note that there is no intent here to blame anyone in these situations, but rather to describe what occurs and some of the reasons given by the various persons involved. When a child who has been sexually abused is placed with a foster family generally that child will transfer methods of interaction to the foster family. If one recalls the dynamics of child sexual abuse, it requires that family members each behave in a particular manner. The child attempts to reconstruct the family to which she is accustomed, interacting with adults who are in parental roles. If the foster parents have not been prepared for this, and if they are a family with similar dysfunctions, the probability of sexual abuse in the foster family is increased.

Would Foster Children Lie About Sexual Abuse?

There are also situations, again primarily those in which there is no awareness or training of the foster family, where the child in placement lies about sexual abuse. Here the social worker must be knowledgeable of how sexual abuse occurs. In analyzing the child's story, one should ascertain the probability of what happened based on the facts and circumstances as shared by the child and foster parents. Frequently, the child is so overwhelmed by the intimacy of foster care that she feels compelled to misrepresent the facts, as her way of dealing with an uncomfortable situation. Or she may be confused as to what the parental behavior means, as was Cindy in the example above. In that example, the foster father was not sexually abusive, and was simply bathing the child. However, to Cindy it resembled the experiences with her father.

Intimacy means that the child is now expected to live in an environment which structurally resembles the family of origin. That is a child in foster care is expected to:

1. Learn the norms, rules, and idiosyncracies of the foster family.

2. Eat, sleep, behave and interact daily with persons who are strangers, yet this interaction is to be family-like.

3. Communicate thoughts, feelings, needs and desires and expect these requests to be met.

This similarity to the family of origin can be very threatening to the child especially as the child learns that this is how you interact in a family environment. Thus, the child tends to respond in familiar ways. Depending upon the age of the child,

the child's responses may in fact be a manipulative process. The intent may be purely to create enough uproar to terminate the placement.

One should be cautious in thinking that all such children lie, primarily for the purpose of not wanting to be in foster care. It is our experience that many foster children are more likely to lie to cover up the sexual abuse in the foster home. Again, there is a need for the social worker to be knowledgeable and objective in reviewing the information, as well as obtaining facts.

It is also important to keep in mind that many foster children, especially adolescents, have fantasies of a sexual nature about a foster parent.

"Red Flags": Social Workers Take Heed

In addition to the suggestions previously made, the social worker should pay particular attention to the child in placement who demonstrates or communicates the following:

Runaways: children who truant foster homes frequently do so for the same reasons that children truant their biological families, sometimes they are being victimized in the foster home.

Secrets: many children are loyal to specific adults, and feel they cannot or should not disclose exactly what is happening. However, if the worker is sensitive, and perceptive, the child can be encouraged to give enough detail of dysfunction, not necessarily the actual abuse, but evidence of perhaps inappropriate expectations.

Structure: of the foster family is either too rigid or very loose. The generational boundary is weak. One parent may be disengaged from the spouse and/or the family. The child is involved in a coalition or subsystem with the other parent, who appears quite devoted to the child. When this configuration exists, we examine interactions and communications by the family members with the foster child. How is care and concern communicated? What are the demonstrations of affection? How has the foster family dealt with sexuality?

Sexual Acting Out: children who exhibit bizarre or sexually mature behavior in advance of their development, or children who appear to sexualize their communications consistently. Prostitution or sexual exploitation of younger children.

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The Favorite — is the foster child who receives preferential treatment; is better dressed than other children in the home; receives more attention and affection than other children--foster, adopted or natural--in the home.

It is important to remember that both male and female children have been sexually victimized by adults of both genders. Any of the areas outlined could and should be considered as part of the routine and on-going assessment of the foster family's ability to provide care for the sexually abused child.

Types of Sexual Abuse in Family Foster Care

After discussion with foster care practitioners from 33 states, we see three major types of child sexual abuse in family foster care:

I. The pedophile: Just as pedophiles are drawn to teaching, volunteer work such as scouting, and other occupations which provide exposure to children, some are drawn to foster parenting. Pedophiles may be single or married. They may have been able to cover their activities for a number of years. Often, references note the pedophiles' devotion to children. Intense screening, thorough checking of references and psychological evaluation or screening may deter pedophiles during the home study period. Frank discussion of the risk of complaint investigations and frequent monitoring of the child may convince the pedophile who is under study for licensing that fostering is too high risk a situation.

II. The incestuous family: This family fits the typology of incestuous activity, and has managed to get through the home study process without being detected. They are actually or potentially involved with their own children. Generational boundaries are weak. Children are expected to meet the needs of a parent (see session 9). If a foster child is sexually abused in the home it is usually related to the sexual abuse of the natural children of the foster parents. This family may present as very rigid, repressed and moralistic, or as lax and loose in the areas of sexuality.

III. The non-incestuous family: When thinking about sexual abuse in foster care, we must be aware that these are unrelated children. The foster family may have secure generational boundaries and an operative incest taboo with their own children. However, even though foster parents see their role vis-a-vis foster children as parental, the child's newness to the family system, the absence of the incest taboo with this child and the child's sexualized behaviors may combine to create a sexually abusive situation. The sexual abuse occurring in this family

would be more likely to involve a perpetrator who had achieved an adult level of sexual expression, but who regressed under a combination of stresses. Or, in the case of involvement with older adolescents, the relationship may take on more of a quality of an extramarital affair.

* * * * * * * *

Dawson (1983) found that in cases of reported sexual abuse in Ontario, 66% of foster mothers were employed outside of the home, and speculated that working foster mothers and foster fathers engaged in shift work increased the risk of sexual abuse of female foster children. He cites the difficulty of agency access, and stress created by employment patterns as contributing factors.

We would add that marital difficulty, lack of adult/peer support and other stressors in addition to absence of a spouse add to risk. Based on existing data, it appears that the majority of sexual abuse situations in family foster care involve regression under stress, and develop in families that are not incestuous prior to the placement of an unrelated child.

Suspected Foster Family Child Sexual Abuse

When information is presented or suspected concerning the possibility of sexual abuse in a foster home, the worker must proceed with the same awareness and sensitivity as in any other suspected case of child sexual abuse. The worker should be knowledgeable of the "Therapeutic Investigation" (Stovall, 1982) and proceed accordingly. Above all else, the worker must remember that personal values tend to interfere with an effective intervention at this point.

The worker should talk with all the family members, including the children (biological and foster). Again, the purpose of this conversation is to better understand how this family functions. It will advantageous to talk with members individually as well as part of the family group. This is where the worker would have the opportunity to engage the family with such things as eco-maps or genograms. Perhaps the most important factor as the worker attempts to assess a situation of suspected child sexual abuse is the worker's personal level of comfort to do so. If the worker is uptight and biased, these feelings will be picked up by the members of the family and all attempts to communicate help will not be heard by the family. If the worker is prepared with knowledge and sensitivity, as well as good interviewing skills, this intervention should be effective.

Depending upon county guidelines, the foster care worker and institutional abuse (Protective Services) worker should consult about how to proceed on case specific situations. It is important to handle the allegations in a manner that protects the child immediately as well as reinforce needs for future growth

and development. It's also important to provide the foster family with needed interventions and resources. It is possible that situations come to light as an early warning, therefore, prompt and appropriate interventions should reinforce the family's ability to foster children and avoid additional moves for the child.

Departmental guidelines should be reviewed and perhaps revised, but working with the child and foster family until investigations are complete seem to be in the best interest of child and family. Keep in mind that the allegation as well circumstances of disclosure should assist the worker making an appropriate decision.

How would you have handled the following cases?

Case I

Karen is an 8 year old female who was sexually abused by her father and grandfather for three years. It seems this behavior occurred with her mother's permission and on occasion, in her presence. Karen disclosed this information to a friend who told a teacher. When confronted by the teacher Karen acknowledged the situation. The school contacted the police and Children's Protective Services and Karen was placed from school into protective custody. There was a long battle and after 2 1/2 months Karen was ordered placed in foster care. Throughout this time she had no contact with father or grandfather as the court had ordered.

In the foster home, which was geographically distant from Karen's family she was quiet and withdrawn. She refused to go to school except when escorted by the foster mother. After 3 weeks in the foster home Karen began to exhibit bizarre behavior. She would attempt to masturbate with dolls. She was caught in a prone missionary position with the foster family's biological child, male, age 2 1/2. Contact with foster care worker resulted in her request of foster mother to ignore the behavior. This seemed to work as the bizarre behavior discontinued in about one month. However, the foster worker noticed Karen seemed to be extremely friendly with the foster father. She sat on his lap frequently, kissed him and literally followed him around the house. On the other hand, she seemed to either ignore or respond in a hostile manner to the foster mother. This behavior continued for several months during which time Karen learned her father had been sentenced to jail.

Sometime after this knowledge, Karen accused her foster father of sexually molesting her. She was explicit as to his behavior, dates and times. When asked if she told the foster mother, Karen replied, "She doesn't like me and she wouldn't believe me anyway!" Karen was removed immediately and again retained in protective custody.

The foster family was given the explanation that Karen's removal was procedure and until the investigations were completed, no other children would be placed. The foster father took this to mean that the Department had found them guilty and refused to cooperate in the investigations. Subsequently, their license was not renewed and the foster father filed a discrimination suit.

What might have been the 'red flag' and prevention points?

Red flags--She was a known high risk child; behavioral communication by masturbation; excessive attention to foster father. Prevention points - pre-placement planning; training for foster parents; close monitoring and encouraging foster father to set limits.

What might you have recommended to the foster parents?

Training-
Teaching the child appropriate behaviors
Father set limits and not be alone with child
Mother attempt to be more involved
Counseling for child. Acknowledge seperation issues
To the best of our knowledge, sexual abuse did not occur in this family.

How would you handle this case?

Case II

Tim, a young adolescent male was placed in a two parent foster home after several years in a residential setting. He appeared to adjust well to the home except that he maintained distance from the foster father. After he developed some trust with the foster mother, he confided that he was afraid of his foster father because he had been sexually victimized by a male staff member in the residential setting. He confided both his fear of becoming a homosexual and his general mistrust of men. The foster parents and the worker agreed that the foster mother would provide most of the nurturing, and the foster father would let Tim set the pace in approaching him.

A year later at the licensing redetermination, the worker found that the foster parents had separated. The family seemed to be adapting adequately; the foster mother had returned to work and Tim was taking an active role in helping with the younger children. He was also attending school regularly and had a

girlfriend. During the visit Tim expressed a wish to be adopted by his foster mother, and hugged her fondly. A followup call to the foster father caused some concern. The foster father was angry with Tim, and said that his wife's over attention to Tim had contributed to the marital break up. At the next contact, the licensing worker asked the foster mother how the marital separation came about. The foster mother replied that her estranged husband was immature and jealous and that she did not care to discuss the separation. The worker and foster mother agreed not to pursue the matter with Tim, as he had adjusted to the parental separation and shouldn't be upset by it further.

Notes and Comments

To the best of our knowledge, Tim had been involved sexually with the foster mother prior to the marital separation. She felt she was saving him from the fears of homosexuality. There is a romantic overtone in this situation, resembling an extramarital affair as much as it resembles "incest".

Red Flags

High risk child. Confiding fears and prior victimization. Foster mother overinvolved, foster father distancing. Over display of physical affection. Tim moving into adult system. Foster father's comment. Foster mother's refusal of further communication.

Prevention Points

Knowledge that he had been sexually victimized, and parent positions were changing.

Redetermination and knowledge of separation. Pursue the issue, especially by interviewing Tim.

CONTINUUM OF SEXUALIZED ACTIVITY

Physical Contact (Non-Sexual Body Parts)	Physical Contact (Sexual Body Parts)	Overt Sexual Activity
tickling	stroking	genital
kissing	fondling	intercourse
hugging	touching	oral sex
fondling	kissing	

Examine the behavior in the context of:

Frequency, age of child, meanings as understood by the adult and the child.

When on the continuum would I want to intervene?

Be aware of physical contact, non-sexual body parts. Discuss.

Does this mean foster parents should have no physical contact with foster children?

No. Foster parents should be aware and judicious. Child should give permission to be touched. Affection can be explained, and provided by other means (verbal communication, smiles, etc.) as well. Foster parents should be especially careful about physical contact when alone with the child.

Red flags I have noted in foster families I work with:

Where can I go for consultation?

Things to remember.

PREVENTING ABUSE IN FAMILY FOSTER CARE

SUMMARY

We began this training manual by asking two questions:

What is the problem?

What can I do about it?

Thinking about these 10 sessions try to ask yourself those two questions, and answer them from your own perspective:

What is the problem?

What can I do about it?

Finally try to briefly summarize:

The single most important thing I have gotten from this training is---

APPENDICES

APPENDIX A - Liability for Inadequate Foster Care Services

APPENDIX B - Foster Parents' Rights to Share in Decision-Making for the Foster Child: Some Issues That Foster Parents Should Be Aware Of

APPENDIX C - Diagrammatic Assessment of Family Relations

APPENDIX D - Developing Support Systems for Foster Families

APPENDIX E - Guidelines for Foster Parents: When to Ask For Help

APPENDIX F - What the Bible Says About Punishment

APPENDIX G - Discipline and Behavior Management

APPENDIX H - The Abused and Neglected Adolescent: Implications for Foster Care

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APPENDIX A

LIABILITY FOR INADEQUATE FOSTER CARE SERVICES

by: Douglas J. Besharov, J.D.*

III. LIABILITY FOR INADEQUATE FOSTER CARE SERVICES

The increase of reported cases of child abuse and neglect has led to a corresponding increase in the number of children in foster care. Although less than 20% of all maltreated children are placed in foster care, this is 20% of the approximately 500,000 children whose maltreatment is substantiated each year. At any one time, about 300,000 children are in foster care because their home situations were deemed abusive or neglectful. (This is a sharp increase from 1960, when about 75,000 children were in foster care for these reasons.)

Many children must be placed in foster care to protect them from serious injury. And many children benefit from foster care. But foster care has its hazards. In addition to the problem of children lost in the limbo of foster care (discussed in the next section), some children are placed in homes or institutions that are unable to meet their needs for special physical or emotional care. Worse, some children are actually abused or neglected by their foster parents. Both situations have been the subject of extensive litigation.

Dangerous Foster Care Placements

Tragically, there are more reported cases involving liability for the abuse or neglect of foster children than for any other individual topic covered by this monograph. By assuming custody of a child - either pursuant to a court order or with the parents' consent - and by making decisions about his care, the agency and the caseworker accept a certain degree of legal responsibility for the child's health, safety, and well-being. Hence, courts are all but unanimous in holding agencies and workers liable when their negligence results in the abuse or neglect of children at the hands of their foster parents. In fact, as far back as 1894, county directors of the poor were criminally prosecuted for binding a youthful pauper child to the service of a master who they knew to be cruel and for continuing the child in the placement where he eventually died.

*From: Criminal and Civil Liability in Child Welfare Work: The Growing Trend. Washington, DC: National Legal Resource Center for Child Advocacy and Protection, American Bar Association Young Lawyers Division, 1983. (Reprinted by permission)

One Federal Court went so far as to elevate the foster child's right to a safe placement to a constitutional right:

> A child who is in the custody of the state and placed in foster care has a constitutional right to at least humane custodial care... It would be ludicrous if the state, through its agents, could perpetrate the same evil the (foster care) sought to prevent.[93]

However, for liability to attach, the agency (or the worker) must have been negligent in the selection of foster parents or in the supervision of the placement. That is, the child's abuse or neglect must have been the reasonably foreseeable consequence of conditions known to the agency or conditions which the agency should have known about. For example, one New York court explained that:

> If, as has been asserted, the (county child welfare agency) knew of the incompetence of the foster parents or the indifferent discharge by them of their duties, (it) might be held liable for an ensuing injury to the child, dependent on the evidence at the trial.[94]

Child welfare agencies must be extremely careful in selecting foster parents. The failure to investigate homes before placing the children can lead to egregious consequences:

> In the fall of 1980...(a) forty year-old former pediatric nurse, Mrs. Q, was tried for the murder of her nine-month-old son, Baby Q, who had bled to death internally from stomach punches inflicted before he was put to bed. Astonished investigators discovered an almost unbelievable history of abusive behavior which was pieced together only after the child's death. Baby Q was the fourth child adopted by Mrs. Q. The first child, who lived with Mrs. Q until the trial, had been treated by a local hospital a few years earlier after an attempt to smother her was nearly successful. A second child was returned to the adoption agency after one month because Mrs. Q felt he was "too dark." A third child was removed from Mrs. Q's home by a third adoption agency in August of 1980, one month before Baby Q's death, for failure to thrive (a possible indication of neglect) and symptoms of physical abuse. Her husband, who testified that he "only cares about drinking," was the initial suspect after the child's body was discovered. However, he was exonerated when hospital records proved that he had been hospitalized before Baby Q's death with a broken leg by Mrs. Q in a fit of rage.

> In all, Mrs. Q had been in contact with one public adoption agency, two private adoption agencies, the public welfare department from which she fraudulently collected Aid to Dependent Children, and various hospitals. Yet none of these agencies knew of her history of violent behavior until her trial and subsequent conviction for murder.[95]

Such cases have encouraged efforts to require agencies to screen foster parents through child abuse central registers. Legislation to this effect has passed in a number of states, and is pending in a number of others. In the District of Columbia, for example, proposed legislation would make the failure to perform a records check prior to placement grounds for suspending the agency's license.[96]

Child welfare agencies also must monitor the quality of care provided to children by their foster parents. Agencies have an affirmative obligation to supervise foster care placements and to remove children from unsuitable or dangerous environments.[97] Supervision of foster placements requires periodic home visits, including interviews of the children, and periodic medical examinations of the children.[98] It also requires that the agency be aware and responsive to reports on indications of possible abuse in the foster home.[99] (In Bradford v. Davis, for example, the plaintiff, a foster child, received $90,000 in settlement from the state of Oregon after alleging that the Children's Services Division negligently failed to supervise, screen and monitor his foster placement. One of the allegations was that the Department failed to investigate reports by neighbors that the child was being beaten.)[100] Finally, the failure to follow written agency procedures for the supervision of foster placements often seems to be an important factor in the court's finding of agency or worker liability.[101]

Failure to Meet the Child's Needs for Special Care

While in foster care, children are supposed to receive treatment services that they may need to remediate the effects of past maltreatment or other special problems. However, courts seem to be reluctant to translate this basic need into a constitutional right. In Sinhogar v. Parry,[102] for example, a New York Appeals Court distinguished the rights of foster children from those of juvenile delinquents and persons in need of supervision who, because they are deprived of their liberty have a right to treatment.[103] According to this decision, foster children "do not have a constitutional right to a particular kind of care from the state and what rights they do have are limited by the facilities and funds made available by the legislature."[104] Similarly, a California court refused to allow a complaint that alleged an agency's mistaken--and negligent--diagnosis of a foster child's mental retardation which resulted in the child's placement in classes for the mentally retarded.[105]

Notwithstanding this hesitancy to recognize the foster child's "right to treatment," one federal court decision suggests that here may be an alternate ground for liability. In Patton v. Dumpson, [106] the court dismissed claims of liability under Section 1983 of the Federal Civil Rights Act. However, it allowed to stand claims under Section 504 of the Federal Rehabilitation Act. Section 504 provides in part:

> No otherwise qualified handicapped individual in the United States...shall, solely by reason of his handicap, be excluded from the participation in, denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.[107]

The court explained that, under this provision, "the plaintiff, a handicapped child, is seeking to hold public and private agencies liable for damages for discrimination against him because of his handicap. The complaint alleges that, due to the plaintiff's physical and mental handicaps, agency employees denied him the benefit of educational services (while he was in foster care)."[108]

FOOTNOTES

84. Author's estimate based on: U.S. National Center on Child Abuse and Neglect, National Analysis of Child Neglect and Abuse Reporting (1977), 55, Table 11 (DHHS 1979).

85. National Incidence Study, supra n. 5, p.13.

86. In 1977, there were a total of 502,000 children in foster care, but only about 60% were there because of abuse or neglect. U.S. Children's Bureau, National Study of Social Services of Children and Their Families, p. 109 and p. 117, Table 5-3 (DHEW 1978).

87. Author's estimate, based on: Juvenile Court Statistics, supra n. 45.

88. See e.g., Fanshel, D., & Shinn, E., Children in Foster Care (1978).

89. Although beyond the scope of this paper, it should be noted that foster parents may sue the agency and/or caseworker if a dangerous child is placed in their care and they are not warned of his known violent tendencies. See, e.g., Snyder v. Mouser, 149 Ind. App. 334, 272 N.E.2d 627 (1971); Johnson v. State, 69 Cal.2d 782, 73 Cal. Rept. 240, 447 p.2d. 352 (1968);

Seavy v. State, 21 A.D.2d 445, 250 N.Y.S.2d 877, aff'd 17 N.Y.2d 675, 269 N.Y.S.2d 455, 216 N.E.2d 613 (1964). See also Vaugh v. North Carolina Dept. of Human Resources, 296 N.C. 683, 252 S.E.2d 792 (1979), finding liability for placing a child with cytomegalo virus (likely to cause birth defects) in the home of woman knowing that the woman intended to become pregnant where the ensuing pregnancy was aborted due to the woman's contraction of the virus.

90. Even the arrest of the parents may raise the possibility of liability for inadequate placement of the child. See, e.g., White v. Rockford, 592 F.2d 381 (7th Cir. 1979), allowing a lawsuit against police officers, who upon arresting the children's uncle, allegedly left the children without adult protection in an automobile on the side of a road on a cold evening.

91. See, e.g. Doe v. New York City Department of Social Services, 649 F.2d 134 (2nd Cir. 1981); Brooks v. Richardson, 478 F.Suppl 793 (S.D.N.Y., 1979); National Bank of South Dakota v. Leir, 9 Family Law Reporter 2105 (S.D. Sup. ct. 11/3/82); Andrews v. Courts of Ostego, 446 N.Y.S.2d 169 (Sup. Ct. Ostego Co. 1982); Bradford v. Davis, 290)r. 855, 629 P.2d 1376 (1981); Bartels v. County of Westchester, 76 A.D.2d 517, 429 N.Y.S.2d 906 (2nd Dept. 1980); Koepf v. County of York, 198 Neb. 67, 251 N.W.ed 866 (1977); Vonner v. State, 273 So.2d 252 (La. 1973); Hanson v. Rowe, 18 Ariz. App. 131. 500 p.2d 916 (1972); Elton v. County of Orange, 3 Cal. App.3d 1053, 84 Cal.Rptr. 27 (1970): Fox v. Mission of Immaculate Virgin for Protection of Homeless and Destitute Children, 202 Misc. 478, 119 N.Y.S.2d 14 (Sup. Ct. Kings Co. 1952), aff'd 280 App. Div. 993, 117 N.Y.S.2d 477 (2nd Dept. 1952); cf. Parker v. St. Christopher's Home, 77 A.D.2d 921, 431 N.Y.S.2d 110 (2nd Dept. 1980); Pickett v. Washington County, 31 Or. App. 1263, 572 P.2d 1070 (1977). See generally Annotation, "Government Tort Liability for Social Service Agency's Negligence in Placement, or Supervision After Placement, of Children," 90 American Law Reports 3d 1314 (1979).

92. Commonwealth v. Coyle, 160 Pa. 36, 28 A. 634 (1984).

93. Brooks v. Richardson, 478 F. Supp. 793, 795-796 (S.D.N.Y. 1979).

94. Bartels v. County of Westchester, supra n. 91, 429 N.Y.S.2d at 909.

95. U.S. National Center on Child Abuse and Neglect, Impact of Federal Law on Provision of Child Protective and Related Services, pp. 2-3. (U.S. DHHS 1981).

96. BILL NO. 4-164, 3/2/81, reported at 8 Family Law Reporter 2567 (8/3/82).

97. See, e.g., Gill v. Smith, 86 Misc.2d 428, 382 N.Y.S.2d 626 (Sup.Ct. N.Y.Co. 1976); In the Matter of Adoption of Doe, 444 P.2d 800 (Wash. 1968).

98. See, e.g., Vonner v. State, supra, n. 91.

99. See, e.g., Doe v. New York City Department of Social Services, supra, n. 91.

100. For a review of this case see National Center for Youth Law, Youth Law News, 2:6-5 (1982) and 15 Clearinghouse Review 288 July 1981.

101. See, e.g., Doe v. New York City Department of Social Services, supra, n. 91.

102. 74 A.D.2d 204, 427 N.Y.S.2d 216 (1st Department 1980), aff'd 53 N.Y.2d 424, 442 N.Y.S.2d 423, 425 N.E. 2d 826 (1981).

103. 427 N.Y.S.2d at 222.

104. 427 N.Y.S.2d at 223, citing, inter alia, Black v. Beame, 412 F. Supp. 593 (S.D.N.Y. 1967).

105. Smith v. Alameda County Social Services Agency, 90 Cal. App. 3rd 929, 153 Cal. Rptr. 712, 718 (1st District Court of Appeals 1979).

106. 498 F. Supp. 933 (S.D.N.Y. 1980).

107. 29 U.S.C. Section 794.

108. Patton v. Dumpson, supra n. 106, 498 F. Supp. at 936.

Endnote: Project staff highly recommend the complete publication from which this article was taken.
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APPENDIX B

FOSTER PARENTS' RIGHTS TO SHARE IN DECISION-MAKING FOR THE FOSTER CHILD: Some Issues That Foster Parents Should Be Aware Of

By: Mark Hardin and
Patricia Tazzara*

Because they provide the day-to-day care, foster parents have unique knowledge and insights concerning their foster children. It is essential to the well-being of many foster children that this knowledge is not lost in planning and decision-making for the child. Yet, foster parents are generally not sufficiently involved in planning for children in their care. Foster parents need to work to improve their role in case planning in several areas:

* Greater involvement in decision-making processes.

* Better access to necessary information about the child and family (along with greater, clearer legal responsibility to maintain confidentiality).

* More sympathetic and constructive working relationships with natural parents.

We do not suggest that foster parents should or could make the ultimate decisions regarding the child's placement or custody. But it is appropriate and necessary that the foster parent's voices be heard when many critical decisions are made.

Foster parent organizations are crucial to enhancing the role of foster parents. They can work constructively and informally with child welfare agencies and can press for legal reforms, both in the form of revised agency rules and regulations and state laws. Foster parent organizations have, in many states, successfully pressed for:

* Better access to information essential for care of the child (and the obligation to maintain confidentiality).

*Hardin, H. and P. Tazzara, Foster Parents' Rights to Share In Decision Making For the Foster Child: Some Issues that Foster Parents Should Be Aware Of. Washington, D.C.: National Legal Resource Center for Child Advocacy and Protection, American Bar Association, 1983.

* The right to file grievances to stimulate better planning for the child.

* The right to a hearing prior to removal of a child that has been in the foster home for a long period of time.

* The right to participate in periodic review hearings for children in foster care.

* Priority in agency adoption placement decisions, after the child has been in the foster placement for a certain time.

* The right to initiate proceedings for legal custody or adoptions and to challenge the agency's decision to deny adoption.

Individual foster parents can also do more to enhance their role. They can use their tact, their persistence, and their assertiveness to assure that the child receives necessary care. And, as a last resort, foster parents can pursue legal remedies, when firmly convinced that it is critical to the well-being of the child.

This brief paper is intended, not as legal advice, but to alert foster parents to some of the key legal issues affecting their role in decision-making for the child. We hope that the paper will stimulate foster parents to more often seek out and obtain good legal advice and to take a more active role in shaping state law.

Opinions expressed in this paper are solely those of the authors.

FOSTER PARENTS' ACCESS TO ADEQUATE INFORMATION CONCERNING THEIR FOSTER CHILDREN

The child welfare agency never told us about our foster child's prior history of delinquency. He has been in our home for three months, and already a number of incidents have occurred at school, including a case of arson. Don't we have a right to full disclosure of information prior to taking the child into our home?

There are various federal and state regulations which control the release of confidential information, and the agencies do often use such laws to deny foster parents access to important information. However, many of these laws are vague and ambiguous. Agencies are often confused as to the numerous rules affecting access, and sometimes manipulate them to prevent disclosure to foster parents.

Foster parents obviously need certain information in order to carry out the role which the state has assigned them, and confidentiality laws should be interpreted in light of these needs. Foster parents need information about matters which will affect their other family members, their daily routine, and their responsibilities as foster parents.

What are the laws which regulate access to records concerning children?

There are federal regulations which control access to child abuse and neglect records. In addition, there are state omnibus statutes called "privacy acts" or "fair information practices acts" which determine access to state agency information. States also have specific laws limiting access to child abuse and neglect records and juvenile court records. Most states have separate confidentiality laws which apply to welfare and social service records.

Some states, instead of having a particular statute on confidentiality of abuse records, leave it to the state welfare agency to make rules governing the release of these records.

What types of questions should I ask the agency before I take a foster child into my home?

You should request any information which helps you to care for and deal with your foster child. This includes information about the child's natural parents if it helps you to deal with the child. Here are a few important items:

* Information from the child's medical history, concerning any physical, mental or behavioral problems which need special attention.

* The child's history of juvenile delinquency, if applicable.

* The reason for the child's removal from the natural parent's home, including the parent's conduct or condition if that was the reason for removal.

* Past abuse or neglect of the foster child.

* Length of time that the foster placement is expected to last, plus any pending court proceedings that may affect the length of time in placement.

* Any special educational needs or problems of the child.

* The child's general habits and behavior traits.

I can't afford a lawyer to interpret all those laws and regulations. Are there any points I might bring up to convince the agency to share information with me?

* Explain that you are only requesting information to help you deal with and care for the foster child. As for information about the parents, make it clear that you only want information to help you to understand the foster child and deal with the parents at visitation.

* Ask for information, not access to written records.

* Point out that the agency has to use some discretion in applying confidentiality laws. If they applied their rules mechanically, agencies might not be able to communicate the child's name or even essential medical information, such as a child's epilepsy. The point is, if the caseworker is asserting an overly restrictive policy on confidentiality, the agency is probably not consistently following such a policy.

* Ask for a copy of the agency's confidentiality regulations. If refused, contact an attorney, or the state attorney general's office.

You should be considered part of the treatment team and be provided all information you need to make an informed decision whether to take a particular child and then to provide responsible and appropriate care. But remember, if the agency shares sensitive information with you, you have a responsibility not to share the information with friends or acquaintances. Divulging such information may even be a crime.

What can I do to get better access to school records?

Ask the child welfare agency having legal custody of the child to execute a release to the school, allowing you access to that information.

If your foster child is handicapped or learning disabled, perhaps you can convince the agency to allow you to be the signatory to the child's Individual Education Plan that will give you access to information and will give you a principle role in educational planning for the child.

I have had problems getting basic medical information and getting prompt authorization for necessary medical care.

Again, some agencies are willing to send a release of information to medical providers, allowing them to give necessary medical information to foster parents.

The agency may also be willing to give you written authority to authorize routine medical care.

If you have problems securing payment for the child's medical care, you may wish to ask the agency to issue a separate medical check for the child.

Endnote: Material printed above is exerpted from the National Legal Resource Center For Child Advocacy and Protection, American Bar Association publication. The National Foster Care Education Project recommends the publication in its entirety, especially for purposes of foster parent education.

Available From:

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Washington, D.C. 20036
(202) 331-2250

APPENDIX C

DIAGRAMMATIC ASSESSMENT OF FAMILY RELATIONS

By: Ann Hartman*

Two methods of diagramming family relationships offer insights into complex family and community interactions and facilitate the interviewing and intervention process.

Integrating new knowledge and conceptual frameworks from many sources that inform and support social work practice is a long and arduous process. General systems theory, which was introduced to social workers over twenty years ago, has been particularly difficult to assimilate because it is so abstract. The distance is great between the lofty principles enunciated by systems theorists and the practical knowledge and skill that guide the practitioner's work with people, day by day. The field has made some progress in utilizing systems concepts in developing middle-range theory, in organizing practice models, in extending and clarifying the boundaries of the unit of attention, and in prescribing general directions for action. Professionals in the field are now at the point of attempting to translate concepts from the middle-range theory into specific and testable prescriptions for practice.

Particularly interesting is the potential a systems orientation has for altering cognitive styles and enabling practitioners to organize and process increasingly complex systems of variables. The attempt here is to derive from systems framework new conceptual models that can enhance the practitioner's and the client's perceptions of reality, thereby contributing to competence and creative adaptation in therapy.

Social workers, in attempting to understand their traditional unit of attention - the person in his total life space over time - are faced with an overwhelming amount of data. These data must be ordered, selected, and arranged to reduce confusion and over-load. Edward Tolman has likened this mediating process to a map room where intervening cognitive charts shape data, lending meaning and manageability to the influx of information. These cognitive patterns have tremendous influence on how reality is perceived, but are not readily observed or easily changed. They

*From: Social Casework, October 1978 (reprinted by permission)

are an ongoing and familiar part of the self and, as Frederick Duhl has pointed out, "that which is constantly experienced is neutral to awareness, being so immersed in the identity, so 'egosyntonic,' that it is rarely open to observation or challenge." As social workers interact with their environment, these mediating cognitive processes so strongly imprint a particular view of reality that they may well be just as crucial as knowledge and values in determining professional decision making.

In dealing with almost continual information overload, cognitive processes tend to operate analytically: to partialize, to abstract parts from wholes, to reduce, and to simplify. Although this makes data more manageable, it does damage to the complexity inherent in reality. Ways of conceptualizing causation have tended to be particularly reductionist as reality is arranged in chains of simple cause and effect reactions. Such linear views reflect the limitations of thought and language rather than the nature of the real world, where human events are the result of transactions among multiple variables.

An emphasis on identifying the roots of problematic conditions in tremendously complex situations has frequently pushed social workers into supporting simplistic explanations and into arguments over what is the cause and hence the cure. Since nineteenth century scientism found expression in Mary E. Richmond's Social Diagnosis, the profession has struggled with the temptation to deal with this "radically untidy universe" through reductionist solutions growing out of reductionist assessments.

If social workers are to avoid reductionism and scientism, if they are to translate a systems orientation into practice, they must learn to "think systems", or to develop within their own cognitive map rooms new and more complex ways of imprinting reality. They must then devise ways of using this view in specific interventive techniques and strategies.

As one learns to "think systems," one tends to move to the use of metaphor and to the use of visual models in order to get beyond the constraints of linear thought and language. Social workers have always been frustrated in writing psychosocial summaries - they find it not unlike the attempt to describe the action in a football game over the radio. In attempting to describe the complex system of transacting variables, the meaning and the nature of the integration of the variables and the totality of the events and action is lost. The use of metaphor in poetry and of two- and three-dimensional simulations in painting and sculpture demonstrate the integrative power of such approaches. Similar artistry can be used to expand the social worker's understanding of the nature of reality. Of many possibilities, two simple paper-and-pencil simulations have proved to be particularly useful, not only as assessment tools, but in interviewing, planning, and intervention.

One simulation is the egological map or "ecomap", which was originally developed three years ago as an assessment tool to help workers in public child welfare practice examine the needs of families. This tool pictures the family or the individual in the life space and has since been tested in a variety of settings with a wide range of clients. The second simulation is the genogram, which has been used by systems-oriented family therapists to chart intergenerational family history. This tool has also been found to be highly adaptable for use with individuals or families in many different settings where it is important to understand the development of the family system through time.

THE ECOLOGICAL METAPHOR

The task of making general systems concepts operational and humane, of giving them flesh and blood meaning, presents a difficult challange. Although "input", "throughput," "moving steady state," and "deviation amplifying feedback loops" are precise and useful concepts, they mean little to social workers if they are unrelated to human context. Recently, there has been a growing effort to utilize the science of ecology as a metaphorical way of humanizing and integrating systems concepts. The science of ecology studies the delicate balance that exists between living things and their environments and the ways in which this mutuality may be enhanced and maintained.

In utilizing the ecological metaphor, it is clear that the salient human environment includes far more than air, water, food, spatial arrangements, and other aspects of the physical environment. Human environments also include networks of innate human relationships. Further, over the centuries, human beings have erected elaborate social, economic, and political structures that they must sustain and through which their needs are met. People must maintain an adaptive mutuality with these intricate systems which are required for growth and self-realization.

An ecological metaphor can lead social workers to see the client not as an isolated entity for study, but as a part of a complex ecological system. Such a view helps them to focus on the sources of nurturance, stimulation, and support that must be available in the intimate and extended environment to make possible growth and survival. It also leads to a consideration of the social, relational, and instrumental skills individuals must have to use possibilities in their environment and to cope with its demands.

THE ECO-MAP

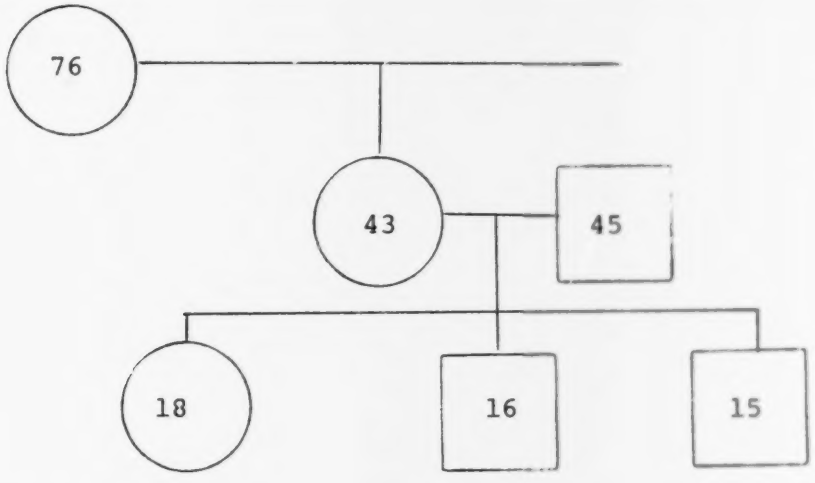
The eco-map is a simple paper-and-pencil simulation that has been developed as an assessment, planning, and interventive tool. It maps in a dynamic way the ecological system, the boundaries of which encompass the person or family in the life space. Included in the map are the major systems that are a part of the family's life and the nature of the family's relationship with the various systems. The eco-map portrays an overview of the family in their situation; it pictures the important nurturant or conflict-laden connections between the family and the world. It demonstrates the flow of resources, or lacks and deprivations. This mapping procedure highlights the nature of the interfaces and points to conflicts to be mediated, bridges to be built, and resources to be sought and mobilized. Although all one needs is a piece of paper and a pencil, it saves time to have "empty" maps available. These maps can be worked on by an individual or a family.

INSTRUCTIONS FOR DRAWING AN ECO-MAP

First the nuclear family system or household is drawn in a large circle at the map's center. It has been common practice in mapping families to use squares to depict males and circles to depict females. Relationships are indicated as in the traditional family tree or genetic chart. It is useful to put the person's age in the center of the circle or square. Thus a circle with "80" in the center would represent an elderly woman.

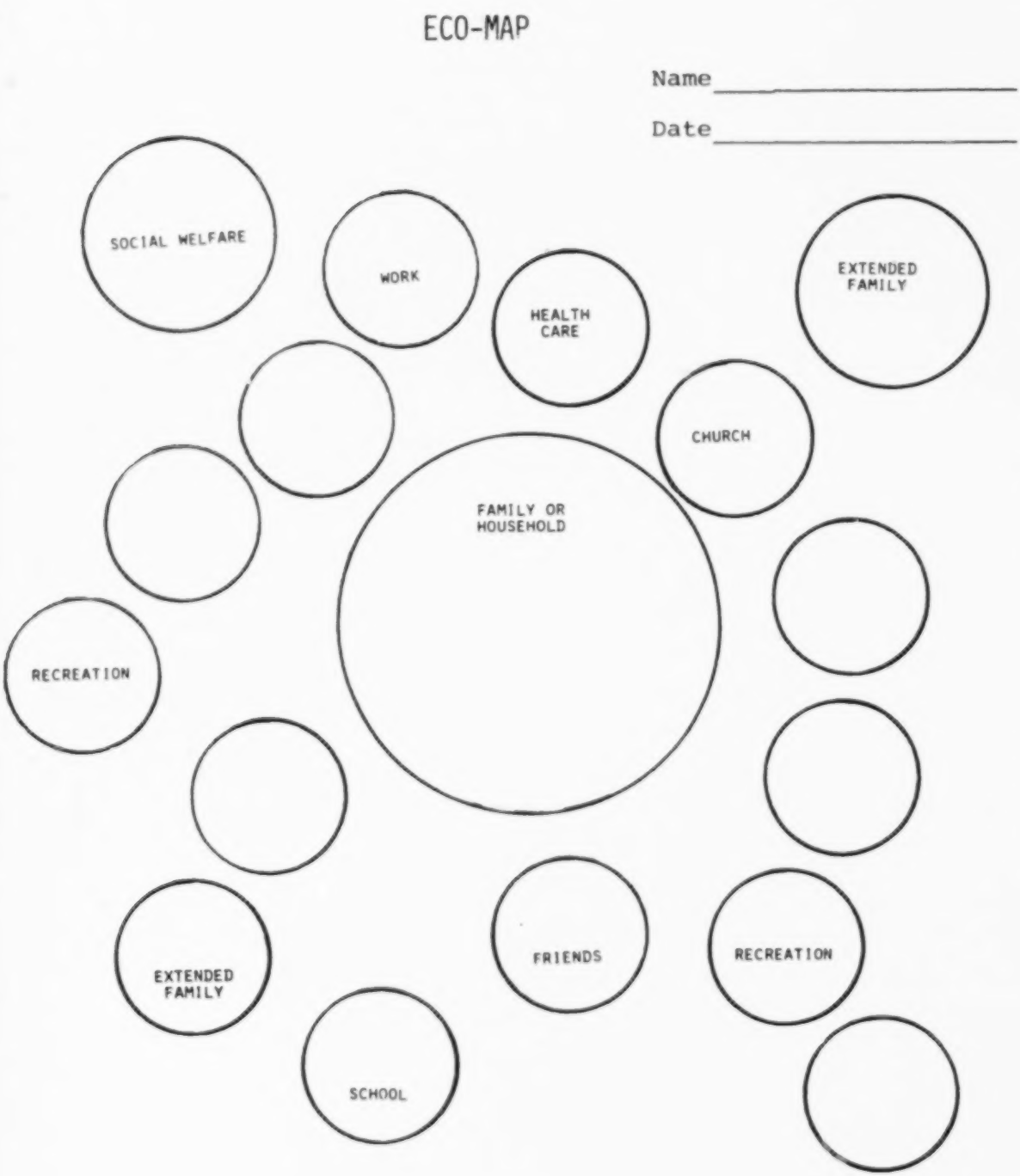
Figure 1 represents a household consisting of a father, a mother, three children, and the wife's mother. The usefulness of this is demonstrated when one considers the number of words it would take to portray the facts thus represented. (The mapping of more complex nuclear family systems will be demonstrated in the discussion of genograms.)

Figure 1



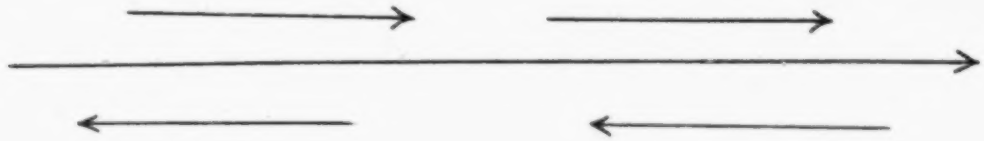
Diagrammatic assessment of family relationships

Figure 2



After drawing the household in the large circle in the middle, add the connections between the family and different parts of the environment. In the empty map (Figure 2), some of the most common systems in the lives of most families have been labeled, such as work, extended family, recreation, health care, school, and so on. Other circles have been left undesignated so that the map can be individualized for different families.

Connections between the family and the various systems are indicated by drawing lines between the family and those systems. (See figure 3) The nature of the connections can be expressed in the type of line drawn: A solid or thick line represents an important or strong connection and a dotted line a tenuous connection; jagged marks across the line represents a stressful or conflicted relationship. It is useful to indicate the direction of the flow of resources, energy, or interest by drawing arrows along the connecting lines:



In testing the eco-map, it has been found that the use of the three kinds of lines for conflicted, strong, and tenuous relationships is an efficient shorthand when the worker uses the eco-mapping procedure, without the family, as an analytic tool. However, when using the map as an interviewing tool, this code has often been felt to be too constraining. Workers have preferred to ask clients to describe the nature of the connection and will then qualify that connection by writing a brief description along the connecting line.

Connections can be drawn to the family as a whole if they are intended to portray the total family systems relationship with some system in the environment. Other connections can be drawn between a particular individual in the family and an outside system when that person is the only one involved with an outside system in different ways. This enables the map to highlight the contrasts in the way various family members are connected to the world.

It is easy to learn to plot the eco-map and it is important to become comfortable with the tool before using it with clients. A simple way to learn is to sketch out one's own eco-map. It is also useful to practice with friends. By then, one is generally ready to use it with clients.

USES OF THE ECO-MAP

No matter how the eco-map is used, its primary value is in its visual impact and its ability to organize and present concurrently not only a great deal of factual information but also the relationships between variables in a situation. Visual examination of the map has considerable impact on the way the worker and the client perceive the situation. The connections, the themes, and the quality of the family's life seem to jump off the page and this leads to a more holistic and integrative perception. The integrative value of visual experience was aptly expressed by one twelve-year-old client when he said, "Gee, I never saw myself like that before!"

Initially, the eco-map was developed as a thinking tool for the worker. It was helpful in organizing material and in making an assessment. Sketching out an eco-map in the early stages of contact brought out salient areas of the family's life space that had not as yet been explored and suggested hypotheses for treatment. Before long, it became apparent that the eco-map would make a useful interviewing tool. Client and worker cooperated in picturing the client's life space. This led to much more active participation on the part of the client in the information-gathering and assessment process. The growing collaborative relationship between worker and client was often expressed in a change in seating arrangements as the two tended to sit shoulder-to-shoulder, working together on the joint project.

Sharing the eco-mapping process also led to increased understanding and acceptance of the self on the part of the client. For example, an almost empty eco-map helps the client objectify and share loneliness and isolation. An eco-map full of stressful relationships showing all of the arrows pointing away from the family may lead a father to say, "No wonder I feel drained, everything is going out and nothing is coming in!" The eco-map has been extensively tested with natural parents working toward the return of their placed children through the Temporary Foster Care Project of the Michigan Department of Social Services. Foster care workers noted that parents who were generally angry and self-protective following placement of their children because of abuse or neglect were almost without exception engaged through the use of the map. Workers were aware of a dramatic decrease in defensiveness. The ecological perspective made it clear to parents that the worker was not searching for inner defects but rather was interested in finding out what it was like to be in the client's space, to walk in their shoes.

In working with the eco-map, clients have responded in some unanticipated ways. Although it was expected that they would gain a new perception by being able to step outside and look at themselves and their world, the emotional importance of the maps to the clients was a surprise. One mother demonstrated this early in the project by putting the eco-map on her kitchen wall. In responding to clients' attachments to maps, workers have regularly arranged to have them photocopied or have used pencil carbon so that clients may have a copy.

CONTRACTING AND INTERVENTION

The eco-map has also been a useful tool in planning and has had considerable impact on intervention. Because it focuses attention on the client's relationship with his life space, interventions tend to be targeted on the interface, with both worker and client becoming active in initiating changes in the life space. Problematic conditions tend to be characterized as transactional and as a function of the many variables that combine to affect the quality of the individual's or family's life.

In the Temporary Foster Care Project mentioned above, the worker and client moved quite naturally from the eco-map to a task-oriented contract. They talked together about the changes that would be needed in the eco-map before the family could be reunited. They identified problem areas, resources needed, and potential strengths and planned what actions were needed to bring about change. Further, they established priorities and developed a contract describing the tasks to be undertaken by the worker and by the client.

The uses of the eco-map have multiplied in the hands of creative practitioners. For example, it has been used to portray the past and the future: In a rehabilitation program in a medical setting a social worker used eco-maps with clients to picture their world before their accident or illness; this helped clients to objectify what changes would be made in their lives following hospitalization. It helped them to mourn interests and activities that would have to be relinquished and also to recognize sources of support and gratification that would continue to be available. The mapping encouraged anticipatory planning and preparation for a new life, consideration of appropriate replacements for lost activities, and possible new resources to be tapped, all of which could expand the client's horizons. The technique was not only useful with the patient alone but was very helpful in conjoint work with disabled persons and their families.

Retrospective use of the map tends to highlight changes in a client's life space that could have precipitated current difficulties. When families and individuals seek help, a major question is always, "Why has the client sought help now?" A review of the changes that have taken place in the previous months may well bring to light shifts of which the client was quite unaware.

RECORDKEEPING AND MEASURES OF CHANGE

A complete eco-map deposited in a case record is a useful tool to present and record a case situation. Not only does it tend to keep the total situation clear for the worker, it can also serve as a means of communication to others should a staff member have to respond to a client in the absence of the regular worker. A crisis walk-in center where case responsibility is shared by a team to provide extended coverage used the eco-map this way.

Finally, eco-maps can be used to evaluate outcomes and measure change. For example, a ten-year-old boy on a return visit to a school social worker asked for the map. He had made a new friend and wanted to put him on the map. The mother who had hung the map in the kitchen called her worker after two months of considerable activity on both their parts. She wanted to come into the office to plot another map so that she and the worker could look together at the changes. A comparison of eco-maps done at outset and at termination can help clients and workers measure the changes that have taken place. As such the maps can become an important device in maintaining accountability.

THE GENOGRAM

Families not only exist in space but also through time, and thus a second kind of simulation is needed to picture the development of the powerful relationship system. Not only is each individual immersed in the complex here-and-now life space, but each individual is also part of a family saga, in an infinitely complicated human system which has developed over many generations and has transmitted powerful commands, role assignments, and patterns of living and relating down through the years. Each individual and each family is deeply implicated in this intergenerational family history.

Just as the eco-map can begin to portray and objectify the family in space, so can the genogram picture the family system through time, enabling an individual to step out of the system, examine it, and begin to gain a greater understanding of complex family dynamics as they have developed and as they affect the current situation.

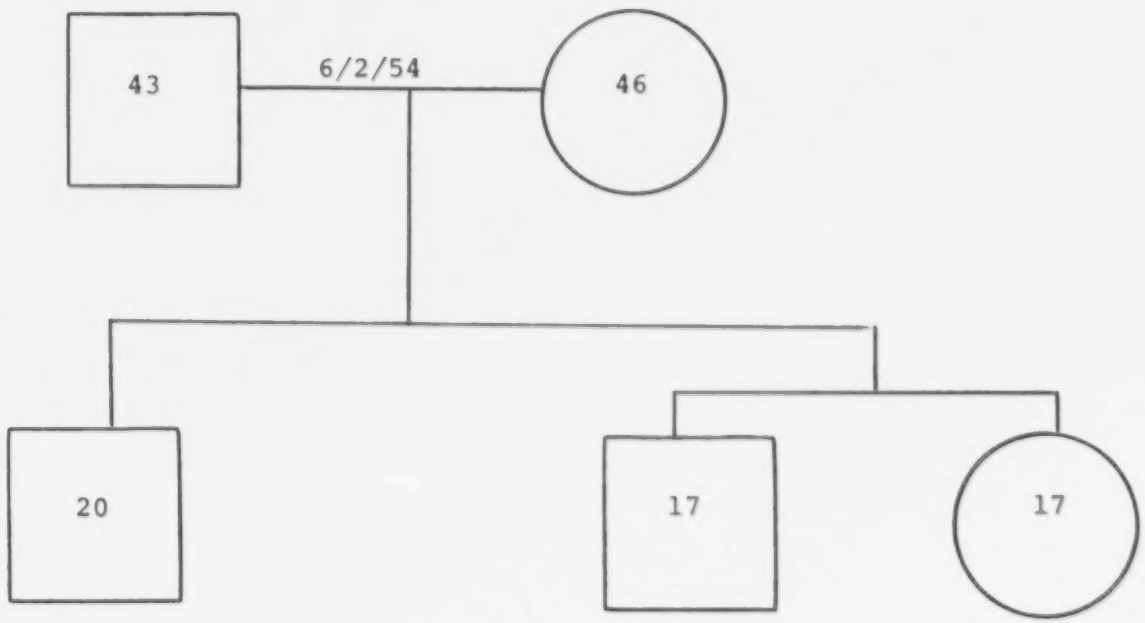
INSTRUCTIONS FOR DRAWING A GENOGRAM

A genogram is simply a family tree that includes more social data. It is a map of three, four or more generations of a family which records genealogical relationships, major family events, occupations, losses, family migrations and dispersal, identifications and role assignments, and information about alignments and communication patterns. Again, all that is needed is paper and pencil. For most genograms, a rather large piece of paper is usually required. It is important for the genogram to be uncrowded and clear to make visual examination possible.

The skeleton of the genogram tends to follow the conventions of genetic and genealogical charts. As in the eco-map, a male is indicated by a square, a female by a circle, and if the sex of the person is unknown by a triangle. The latter symbol tends to be used, for example, when the client says, "I think there were seven children in my grandfather's family but I have no idea whether they were males or females." Or, "My mother lost a full-term baby five years before I was born, but I don't know what sex it was."

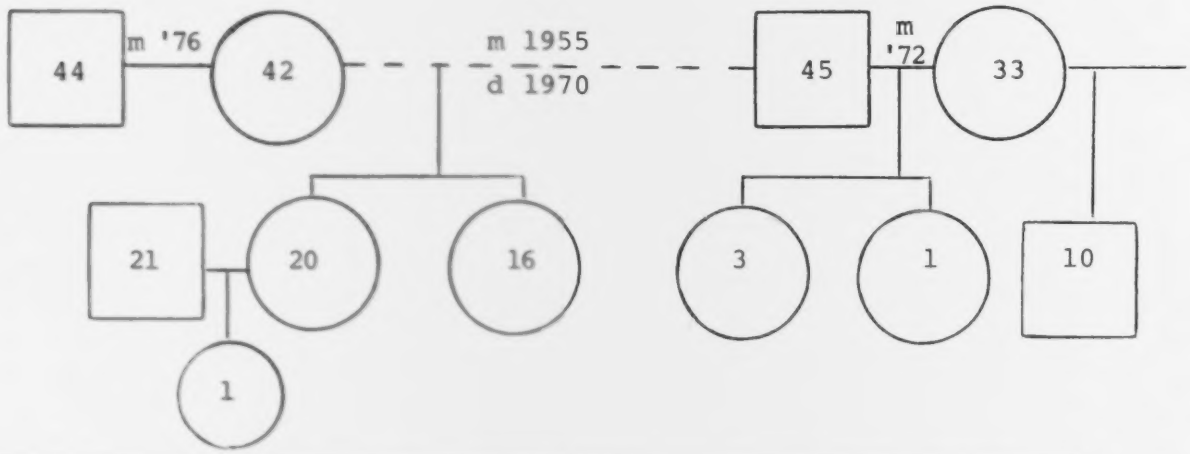
A marital pair is indicated by a line drawn from a square to a circle; it is useful to add the marital date, on the line. A married couple with offspring is shown as illustrated in figure 4. Offspring are generally entered according to age, starting

Figure 4



with the oldest on the left. The family diagrammed in figure 4 has an older son followed by a set of twins. A divorce is generally portrayed by a dotted line, and again, it is useful to include dates. (See figure 5) A family member no longer living is generally indicated by drawing an "X" through the figure and giving the year of death. Thus, a complex, but not untypical, reconstituted family may be drawn as shown in figure 5.

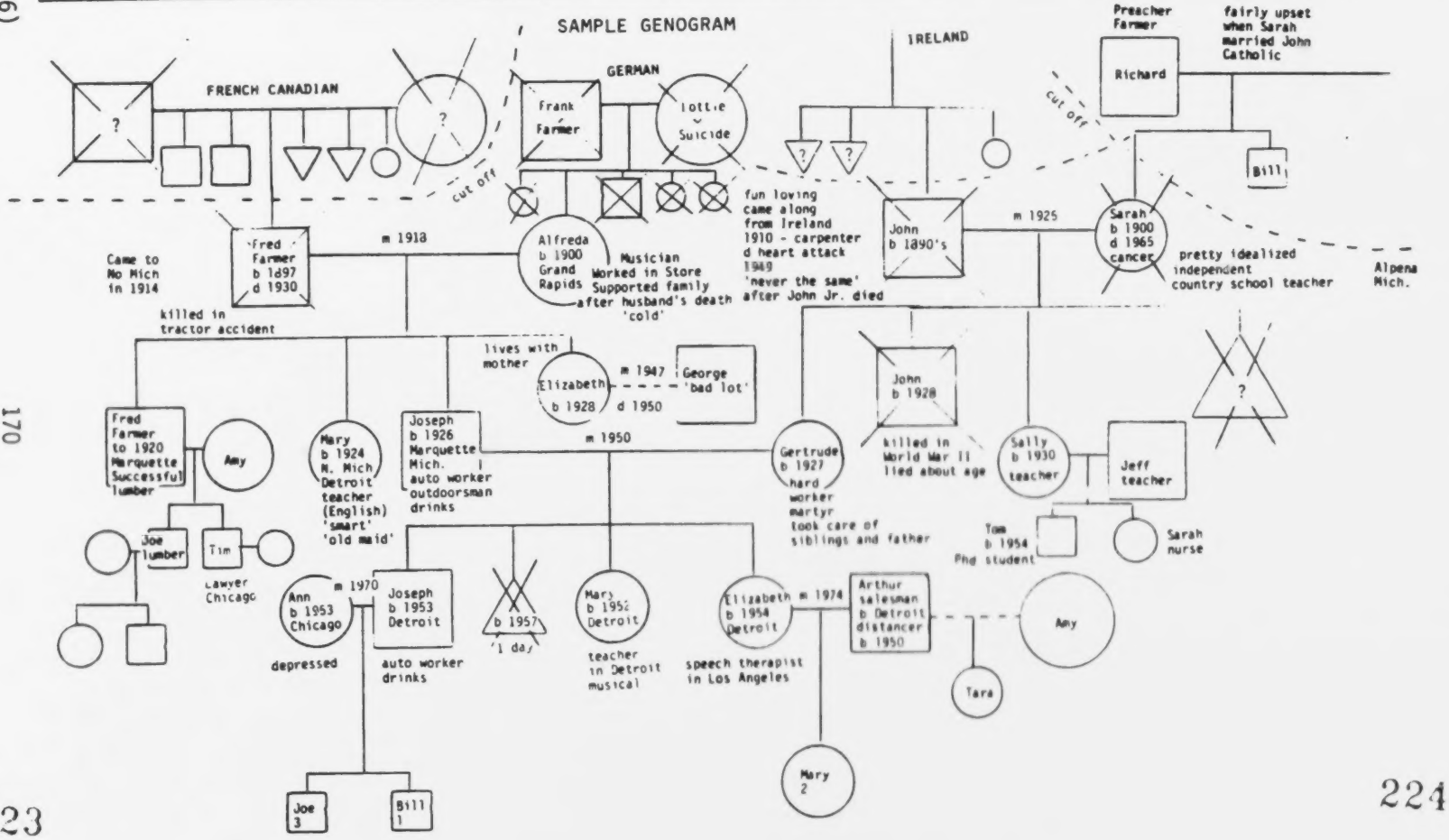
Figure 5



It is useful to draw a dotted line around the family members who compose the household. Incidentally, such a family chart enables the worker to grasp who is who quickly in complicated reconstituted families.

With these basic building blocks, expanded horizontally to depict the contemporary generation of siblings and cousins and vertically to chart the generations through time, it is possible to chart any family, given sufficient paper, patience, and information. (See figure 6) As one charts the skeletal structure of the family, it is also important to fill this out with the rich and varied data which portray the saga of the particular family being studied.

Figure 6



BEST COPY AVAILABLE

Many different kinds of information may be gathered. First and middle given names identify family members, indicate naming patterns, and bring identifications to the surface. In understanding where a client may fit into the family and what expectations and displacements may have affected the sense of self, a first step is to discover who, if anyone, the client was named after. Once this person is identified, it is important to discover what he or she was like, what roles he or she carried, and, perhaps most salient, what the nature of the relationship was between the client's parents and this relative.

Sometimes meanings and connections are not obvious and emerge only through careful exploration. For example, in charting a genogram with a young man who was struggling with identity issues and a complex tie with his mother, naming patterns were being discussed. The client's name was Tony; his American soldier father had met his mother abroad and, immediately after their marriage, the couple had moved to the United States. The move and subsequent political events resulted in the wife's being completely cut off from her family. The client, their firstborn child, was born a year after the marriage. When asked whom he was named after, he replied, "I wasn't named after anyone in the family - I was named after St. Anthony - the patron of lost objects." The symbolic meaning of Anthony's name to his mother became dramatically apparent: Tony was named after everyone in his mother's family!

Dates of birth and dates of death record when members joined the family, their longevity, and family losses. Birth dates indicate the age of family members when important events occurred. They indicate how early or late in a marriage a child came and the age of the parents at the birth. In a sense, birth, marriage, and death dates mark the movement of the family through time. In working with a client's genogram, it is helpful to discover all of the events that took place around his birth. Major losses experienced in the family around that time can be of particular significance. The tendency to use newborn family members as replacements for lost members seems almost universal and has even been institutionalized in some culturally proscribed naming patterns.

Birth dates also identify each individual's place in the sibship. This brings to the surface such potential roles as "older responsible," "firstborn son," or "baby." It is also relevant to discover who else in the family has occupied the same sibling position. Sibling position can be a powerful source of intergenerational identifications.

Place of birth and current place of residence mark the movement of the family through space. Such information charts the family's patterns of dispersal, bringing into focus major immigrations or migrations and periods of loss, change, and upheaval. Such information may also point to the fact that generations of a family have stayed within a fairly small radius

except, perhaps, for a particular individual in each generation who moves away. If a client happens to be this generation's "wanderer," that could be a valuable piece of information.

Picturing the family's movement through space may communicate a good deal about family boundaries and norms concerning mobility. Is this a family that holds on or lets go? Further, the impact of world history on families often becomes evident as responses to war, persecution, westward migration, depression, industrialization, and even climatic or ecological changes are often seen in relocations.

Occupations and family members acquaint one with the interests and talents, the successes and failures, and the varied socioeconomic statuses that are found in most families. Occupational patterns may also point to identifications and can often portray family proscriptions and expectations.

Finally, facts about members' health and causes of death provide overall family health history and also may say something about the way clients see their own future. These predictions may well have some power of self-fullfillment.

This demographic data can take a worker a long way toward understanding the family system. However, gathering associations about family members can add to the richness of the portrayal. One can ask, "What word or two or what picture comes to mind when you think about this person?" These associations tend to tap another level of information about the family as the myths, role assignments, characterizations, or caricatures of family members come into the client's mind. Characterizations such as lazy, bossy, martyr, beautiful, caretaker, are likely to be offered, bringing forth reminiscences or stories that have become a part of the family biography and mythology.

Finally, certain aspects of the family's communication structure can be indicated. Parts of the family that have been cut off become quite obvious because the client generally has very little information about them. Cut-offs can be portrayed by drawing a fence where the cut-off exists whereas tight communication bonds can be demonstrated by drawing a line around portions of the family that form close linkages. It helps to keep things clear if a colored pencil is used to indicate communication linkages and cut-offs so as not to confuse these with the basic genealogical structures. Cut-offs are of particular significance as they are usually indicative of conflict, loss, and family secrets. Cut-offs generally develop to protect family members from pain and conflict, but they are usually indicators of unfinished business and may leave the person out of touch with important aspects of family and perhaps of self.

It is often found that client doing a genogram will have considerable information about one section of the family, for example, the maternal grandmother's family, and almost none about other relatives. This uneven distribution of knowledge is significant in assessing communication and relationship patterns.

USES OF THE GENOGRAM

The genogram is a classic tool for gathering and utilizing family data in any family oriented practice. No matter what the setting, if the individual is to be understood in the context of the total family system, the genogram can portray that system and move worker and client toward an understanding of the impact of that system and its relevance to the issues at hand. In counseling regarding marital and parent-child conflict, the routes or prototypes of these conflicts may well emerge. The use of the genogram in conjoint marital counseling can increase empathy between the marital pair and help each to identify the old family issues that have been displaced in the marriage.

In working with the aging, the genogram is an invaluable tool in life review. Elderly people can reminisce and organize memories but also, in working with the genogram, can experience themselves as a central link between the past and the future. This process expresses continuity and the generative process and illustrates that, although the individual's life span may be brief, the family's life reaches back into the past and on into the future. One residence for the aging encourages staff to meet with family members to teach them how to build genograms and help their aged relatives reconnect with their family saga. This sharing of the genogram has been an important experience for both the aged person and the younger family members.

Genograms have also been used in child welfare agencies. As part of an adoptive study, for example, the genogram may clarify why a couple experiences their family as incomplete and also brings to the surface considerations and plans concerning who an adopted child is intended to be. Charting a genogram with natural parents insures that, should family ties be legally severed, there would be a full family history available to the child in the future. One child care agency that regularly makes use of the genogram in adoption practice has found that often the experience of doing a genogram has been very meaningful to natural parents who see the process as giving something of themselves to the child. The issue of open adoption has yet to be settled, but in the interim, the genogram can gather and keep available the kind of information adopted children often want.

In a hospital setting, a genogram can be used to gather an expanded health history. Such a history provides information about patterns of illness and health in a family: for instance, a paternal grandmother may have died of heart disease at thirty-eight while the maternal grandmother lived an active life to age ninety-four. Further, patterns of illness as well as attitudes toward illness and ill people may appear.

SUMMARY

The eco-map and the genogram are paper and pencil simulations that can organize and objectify a tremendous amount of data about the family system in space and through time. Such objectivity and visual portrayal can lead to new insights and to altered perceptions, of the complexity of human systems. Such altered perceptions may point to new ways of bringing about change, ways that relate to the complexity of human existence.

APPENDIX D

DEVELOPING SUPPORT SYSTEMS FOR FOSTER FAMILIES

Dilemmas of Foster Care Staff

There are a number of compelling reasons why foster care agencies or units lack adequate support systems for their foster families. The rigor of permanence planning focuses the worker's attention on the needs of the natural family and the necessity of careful preparation for court hearings and case review. The foster care supervisor is faced with monitoring the permanence plans, coping with staffing freezes, and trying to assign cases carefully to help keep the existing workers from burning out. The recruitment and licensing staff are trying to develop a much wider range of foster homes for minority children, for sibling groups, and for children with a variety of special needs, as children coming into care are more damaged or difficult to work with.

In a time of shrinking program funds, and increasingly obvious need for extra resources, the effort of foster care staff can appear heroic. Yet the frustration remains and grows stronger. In the words of an experienced foster care worker "We've done so much for so long with so little, that we're now expected to do almost anything with nothing."

Prevention of Abuse in Foster Family Care: Need for Foster Parent Supports

Thorough licensing and homestudy procedures can help to assure that new foster homes are in compliance can be expected to provide adequate care: -- if the foster family has a child placed with them that fits their abilities -- if the foster child is not unusually provocative -- if the foster family is not overwhelmed by stresses -- if training is provided which will provide the foster parents with needed skills.

In addition to the need for careful licensing, matching and placement of children, and the provision of foster parent training, there is still a distinct need for ongoing supportive resources to assist foster parents with their difficult job, and to ensure the safety of children in care. Although the newly licensed family may have functioned well in the past, the addition of a problematic child may upset the balance and functioning of the family. Although the experienced foster family may have done well with a variety of children, a combination of a life stressor and a specific new child may be a part of a configuration of events which precipitates an unexpected and shocking abuse incident.

In order to prevent the maltreatment of foster children, it is essential to provide access for foster parents to a variety of supports. The child's worker remains a key factor in the identification of "red flags" and in assuring that help is provided. Yet, it is unrealistic to expect that the worker can devote great quantities of time to supporting foster parents when the worker's caseload is too large, and the tasks of permanence planning seem to take priority.

A potpourri of approaches to developing support systems will be presented. Some can be implemented for no cost if staff time can be slightly rearranged. Some can utilize agency funds for volunteers or foster parent transportation. Many draw on the expertise of experienced foster parents, and provide them with a degree of status and recognition. Some require developing a community linkage. Most can be tailored or adapted to meet the needs of the agency and the available resources. While the presence of supports can reduce pressure on foster care staff, it is important to remember that they are for the foster parents. Involving foster parents, or the local foster parent association in the needs assessment, planning and implementation will ensure that the support system is effective.

SUPPORT SYSTEMS: PROFESSIONALS

The Consultant

The consultant is a knowledgeable person from the agency or from another agency who agrees to set aside an hour or two a week to consult with foster parents on difficulties they are experiencing with a foster child. Sources of consultation include Public Health, Mental Health, Universities, and Special Education agencies. Often they will provide the service free or at reduced rates. The consultation may be conducted in person, or by telephone. Consultation can be linked with training. If following a class a foster parent is unsure as to whether or not to seek professional help for the child, consultation can help.

The Clinic

The clinic is a regular block of time set aside by foster care staff to meet with foster parents. Foster parents know that between 9 and 11 a.m. on Wednesdays, they can drop in at the agency and a staff member will be available to discuss their concern. Their child's worker may not always be available at that time, but some one from the staff can respond to their immediate concerns, and relay those concerns to the worker.

The Worker's Office Hours

The worker sets aside two or three regularly scheduled hours each week when she is at the desk for the purpose of receiving calls

from foster parents, or returning calls that came in during the workers absence. Foster parents need to know that there is a specific time when the worker is available to them by telephone.

The Specialist

Some agencies experience specific problems which are stressful to foster parents. It could be that of locating practitioners who will take medicaid, or it might be dealing with a school system that labels foster children. If several foster parents are experiencing the same kind of problem, it might be useful to identify one staff member as the specialist on the problem, and allot time for the problem to be addressed or resolved at a systems level.

SUPPORT SYSTEMS: OTHER FOSTER PARENTS

The Hot Line

The hot line can either be tied to the agency's emergency number and answering service, or it can be trained and knowledgeable experienced foster parents, on rotating duty in their homes. If there is an existing crisis line in the community, the agency can train crisis line staff to handle questions about foster care and how to refer problems to the agency.

The Respite Home

If a foster family is in crisis, or has to leave the state and can't get permission to take the foster child on the trip, agencies arrange temporary placement for the foster children. A licensed home can be used for respite care, and the availability can be expanded to support the foster family in periods of stress. It is helpful for the foster children if they get to know the respite family ahead of time in a natural way, through visits between families and shared activities. This is also good for the child who has no natural family to visit. New foster families can provide respite while waiting for placements.

The Neighborhood Cluster

Small support groups can be formed within a neighborhood. The worker can meet at regular intervals with the cluster to keep in touch, and identify problems which may be idiosyncratic to that neighborhood. The cluster concept is also useful for sibling placements, as siblings can visit back and forth with each other easily and attend the same school.

The Foster Parent "Buddy"

After licensing, or immediately preceeding placement, the novice foster parent is matched with a "buddy" - an experienced foster parent who can help show the new foster parent the ropes. The buddy can be available by phone; take the new foster parent to

the group, association meetings or training; or answer the numerous questions - "Is it normal for Joey to wet the bed?" or "Are there any drug stores when I can get medicine without a medicaid card?" - which arise.

The Master Foster Parent

A highly skilled foster parent who has had a great deal of training and experience is selected to work with new foster parents, individually or in groups. The master foster parent can present pre-planned educational material, or respond to the expressed needs of the foster parents. Clear guidance is given as to when the new foster parent should contact the worker. This role is especially useful in retention and involvement of the skilled foster parent who, for whatever reasons, is reducing the number of children in the home, but still wishes to make a contribution to fostering.

The Ombudsman

Who is the foster parent leader who seems to troubleshoot and advise foster parents on problems with the system? Can that person be invited to be the ombudsman and work directly with the agency staff on clearing up problems, or bringing them to the attention of the staff?

SUPPORT SYSTEMS: CONCRETE RESOURCES

The Skills Bank or Barter Group

Flower arranging, woodworking, plumbing, painting, shoe repair, auto repair, cooking, tailoring, mending, wallpaper hanging, rototilling, knitting, child care, arts and crafts, tutoring, typing, dog grooming--you name it, foster parents know how to do it. To spread the resources around, a barter group, coordinated by a volunteer can help foster parents stretch their dollars. It's easy. Foster parent A earns a credit by helping foster parent B. Foster parent A can "spend" the credit on a service from anyone else in the skills bank.

The Library

Many agencies have libraries of materials for foster parents. The question seems to be, "How do we get the materials in circulation?" If foster parents are coming to the agency for training groups or clinics, they are more likely to use the materials. But workers can drop off books on home calls, and a good clerical coordinator can keep track of them. Or, public neighborhood libraries can be asked to develop a reading shelf or list for foster parents.

The Emergency Loan Fund

Foster parent associations have held fundraising events such as car washes, bake sales, and garage sales to raise money for their emergency loan fund. This can be tapped to cover unusual expenses of foster children such as clothing for the child who arrives with nothing. The loan can be reimbursed when the payment arrives from the agency.

The Clothing and Equipment Exchange

Foster parents, staff or volunteers can coordinate a clothing and equipment exchange for cribs, layettes, bicycles, etc. Often foster parents can not afford to invest in major equipment such as a bike for a child who will be in the home for a short period of time. The exchange can be a storage room in the agency, or it can be a card file, indexing what foster parents have at home, and are willing to loan or swap.

FOSTER PARENT ACTIVITIES: OPENING COMMUNICATION AND DECREASING ISOLATION

The Circus or Show

Foster care staff develop the fine art of being good scroungers. Every now and then a civic group will sponsor a circus or show, and give away passes or free tickets to deserving children. Who are more deserving than foster children and their foster parents? Getting a block of tickets enables foster families to attend as a group activity, rather than as individual families.

The Newsletter

The newsletter can publicize forthcoming training, clarify new policies, advise foster parents of new resources, and provide recognition of foster parent accomplishments. It can provide the hot-line number, comments on books and articles of special interest to foster parents, and publicize activities and support systems.

Foster Fathers' Night

It is sometimes difficult to meet with foster fathers who are working during regular agency hours. An evening session, pot luck dinner, or group activity can address issues of interest to foster fathers, or can enable more communication between foster fathers and staff.

The Camp Out

Many foster families are avid campers. An overnight or weekend outing for foster families and staff members can give an opportunity for fun and fellowship in a relaxed atmosphere. In some areas, county camp sites, Y or 4-H camps can be made available to foster parents at reduced or minimal costs.

The Speakers Bureau

Some foster parents are interesting and exciting speakers when they tell of their experiences in fostering. Presentations to civic groups can recruit volunteers, raise money for projects, and be a valuable part of ongoing recruitment efforts. Many foster parents cansider a public speaking engagement also enhances the self-esteem and professionalism.

The Volunteer

Who edits the newletter, coordinates the skills bank, arranges for the circus tickets and so forth if staff or foster parents do not have the time? Who tutors the foster child, or helps the foster parent of a handicapped child with the patterning exercise? The volunteer may be a civic minded citizen with administrative skills, a high school student interested in family life education, or a retired foster parent who would like to stay active. Universities and community colleges often require volunteer experiences for students in human service or education programs.

APPENDIX E

GUIDELINES FOR FOSTER PARENTS: WHEN TO ASK FOR HELP

Foster parents do a very difficult and demanding job. Before you became foster parents, you probably experienced the normal stresses and strains of family life. But fostering brings a lot of new experiences and challenges which may affect not only the foster child, but also the well being of the entire family. In order to assist you in providing good care for the child, this agency has a commitment to working in a team approach. As team members, you are expected to keep the worker informed of problem areas and things that are going well. Some foster parents are reluctant to contact the agency for fear that they will be considered as inadequate or will be blamed for the child's difficulty.

This is not the case. We know how difficult some of the children can be. We are aware of the effect on the entire family of problems with a foster child. We consider honest communication and requests for assistance as a sign of strength. Straightforward reports of problems with a child show that you are cooperating with the team approach. We encourage you to contact the worker when you feel you could benefit from some additional planning for the child. We urge you to let us know if the family is being stressed by the child. It is your right and responsibility to keep us informed and request assistance when needed.

The following are some guidelines, developed by foster parents and workers together. They are based on typical situations in which foster parents have needed to sort things out with the workers.

BEHAVIOR OF THE FOSTER CHILD

The behavior of the child is dangerous to himself and others.

The behavior of the child is bizarre, exaggerated or inappropriate for his/her age.

The behavior of the child is getting him into trouble at school or in the neighborhood.

The behavior of the child is causing a great deal of extra expense or work for the family.

The behavior of the child does not make sense to you, and is difficult for you to understand with your knowledge of child development and the effects of separation trauma.

EFFECTS ON THE FAMILY

Your own children are upset or developing problems as a result of conflict with the foster child.

It is becoming more difficult for members of the family to see the child in a positive light.

You and your spouse, or you and your children are experiencing increasing anxiety or conflict about the foster child.

You are so busy taking care of the foster child's needs or problems that you don't have time for recreation, privacy or enjoyment of each other.

The foster child gets "too close" to your spouse, and tries to shut you out of the relationship.

You find yourself preoccupied with problems of the foster child; you or someone else in the family is having trouble eating, sleeping, or being able to get away from the child for a few hours.

The family cannot afford to maintain the usual lifestyle because of financial expense for the foster child.

You are aware that things that go wrong in the family are being blamed on the foster child.

DISCIPLINE

The child does not respond to normal discipline.

If the child does not respond to normal discipline, you find yourself needing to escalate the level of discipline. For example, you have tried talking to the child, taking away privileges and are now considering spanking. Or spanking doesn't work, and you are considering hitting as the only way to manage behavior.

The child appears to be attempting to provoke you into more serious physical discipline. For example, the child who taunts "Go ahead and hit me" or the child physically lashes out at you.

All children will test the limits set by the parents. But the child who consistently tests limits or breaks rules without seeming to learn from the experience needs extra help.

You find it increasingly difficult to stick to discipline techniques approved in the discipline policy. You are aware that you are starting to want to use discipline techniques which are not allowed, because the child doesn't respond to your best efforts.

You are feeling frustrated or are losing hope that you will be able to manage the child's behavior in a productive way.

THE AGENCY AND COMMUNITY

The medicaid card or foster care payment is late, and there is an immediate need that must be met.

You need assistance in locating a community resource to help the child. (Doctor, dentist, team, scout troop, tutoring, etc.)

You have asked for help at a community resource, but you are denied access, or put on a long waiting list.

You are feeling isolated or unsupported by the agency or staff.

You know that you need training or reading materials about a certain problem the child is having.

You do not understand your part in the case plan for the child.

You need relevant information about the child's family.

You are feeling stressed or are experiencing value conflicts from your involvement with the child's family.

You are concerned that the child is being hurt in some way by the relationship with the natural family or by the agency plan.

You need the workers' support or advocacy to deal with the school.

You do not believe you are receiving adequate compensation or reimbursement for the expenses of the child, the amount of transportation you provide, the damage done by the child to your home.

You are having difficulty coping with the pressure or criticism of the neighbors about the foster child.

REMEMBER: It is your right to contact the worker for assistance. There are many valid reasons to ask for consultation, not just the ones listed above. However, if you are concerned about the child, or your family is stressed for any of the reasons listed above, it is important to let the agency know. We can assist in a plan to handle the child's behavior, we can connect you with community resources that can help, and we can work together to reduce the stress on your family.

APPENDIX F

WHAT THE BIBLE SAYS ABOUT PUNISHMENT

by: Evelyn Felker*

A fund of child rearing advice is summed up in the expression "spare the rod and spoil the child." Unfortunately, carelessly used Scripture is sometimes quoted to justify what amounts to child abuse. For this and other reasons I want to discuss both the use and misuse of the Jewish and Christian teachings on child rearing.

The principle that children need discipline and guidance to grow up well is part of our religious heritage. But when we try to discover what the Bible says about rearing children (and specifically about the use of physical punishment), we need to consider everything the Bible says about the children of the covenant family, both in the old and new testaments. All that the Bible has to say about nurturing and training children is important, not just the most widely known or quoted verses.

True, certain verses do seem to aptly summarize biblical teaching. For example, Ephesians 4 summarizes the general scriptural message that parents should raise their children to know God: "Fathers, provoke not your children to wrath: but bring them up in the nurture and admonition of the Lord," I have also found it helpful to examine my child rearing by turning around the idea found in Hebrews 12: "As a father who loves his son disciplines him, so the Lord disciplines you." As I consider how the Heavenly Father deals with me, I gain understanding about how I am to deal with my children.

But we must be careful not to quote particular verses as the proof-test answer to almost any situation. One verse that we tend to use too often is Proverbs 22:15. "Foolishness is bound in the heart of a child, but the rod of correction shall drive it far from him." A verse similarly used is Proverbs 13:24: "he that spareth his rod hateth his son: but he that loveth him chasteneth him betimes." And sometimes a parent gives an order and then throws the full weight of God's authority behind his order by quoting Ephesians 6:1. "Children, obey your parents in the Lord, for this is right." To avoid well-intentioned but indiscriminate use of these passages, I try to follow three principles when I consider what a specific verse has to say about discipline:

*From: Felker, E. Raising Other People's Kids. Grand Rapids, MI: William Eerdmans Publishing Co, 1981. (Reprinted by Permission)

1. THE ENTIRE BIBLE IS THE CONTEXT FOR ANY PARTICULAR VERSE. Let's use as a specific example Proverbs 22:15 one of the verses quoted above: "Foolishness is bound in the heart of a child..." We know that the Bible teaches that it is the Holy Spirit's work to convict us of our sins and to apply Christ's redeeming power to our heart to renew us: we cannot drive sin away by physical punishment. Thus this verse certainly cannot mean that we can "beat the devil" out of a child--which it is sometimes misinterpreted to suggest. Rather, it suggests that children like all of us, are inclined to sin, and that all of us need to be corrected because of this tendency. Such an interpretation is consistent with Old Testament texts like Isaiah 53-6 or New Testament texts like Romans 6:23-24.

2. WE MUST DETERMINE WHETHER THE LANGUAGE BEING USED IS LITERAL, POETIC OR SYMBOLIC: we must also decide on the best English translation of the original words. A good verse to analyze is Job 36:10: "He openeth also their ear to discipline." The word for discipline - musar - is sometimes translated "chastisement," sometimes as "instruction." Obviously, the sense here is not literal--God does not box our ears--so "instruction" is probably intended.

We must use similar interpretive logic when we use the verse from Proverbs quoted earlier - "He that spareth his rod hateth his son, but he that loveth him chasteneth him betimes." The word for chasten is musar; the word for rod is shebet, which can mean a long rod of any kind - a shepherd's staff, a sword, a scepter. Certainly the rendering of the King James Version just quoted is very valuable and accurate, a rendering of the Scriptures that has influenced all later translations. But we must remember that it was made in an age much more physically violent than ours, thus the choice of words was probably influenced by the culture of the time. We must also remember that shebet is used in different ways in different passage of the Bible: it is a rod of comfort in both Psalm 23 and Micah 7:14, where the prophet prays, "Feed thy people with thy rod."

Keeping such things in mind, we should realize that this verse can be translated as: He that spareth his scepter (symbol of authority) hateth his son, but he that loveth him instructs him betimes." This interpretation is consistent with the New Testament emphasis on discipline, which shows that God sometimes uses difficult experiences to chasten us.

3. WE MUST STRIVE TO BE AWARE OF THE SOCIAL CONTEXT of a practice and look beyond particular behaviors to principles. For example, in Mosaic Law (Deut. 21:13-21) parents were instructed to bring their rebellious son to the elders, make their complaint, and deliver him up for public stoning.

To properly understand this instruction we must consider the historical setting. A nomadic people without boy's schools or jails was confronted with a young adult who would not carry his share of the load and was wasting the family's resources. His refusal to help could well endanger the survival of his whole family, because everyone was needed to earn a living from the land. In fact, in cultures round about, parents had life and death control over children, but Israel was instructed to carry out a public civil procedure; then the proper authorities would pronounce judgement. The principle appears to be that the family was to take responsibility for its deviant members, and to seek the help of the appropriate authorities when they had exhausted their resources. But there is no scriptural record that this drastic punishment was actually carried out, though it may have been. And certainly, because of our different social circumstances today, we should not follow the letter of this law.

The Hebrew psalm reads, "Children are a gift from the Lord." We do not own them, but we are privileged to help them grow up. It is our responsibility to guard them from harm, to provide them with good as we are able, and to permit them to mature with our guidance and help. Our authority over them is limited by the commandments of the God who gives them to us to nurture."

APPENDIX G

DISCIPLINE AND BEHAVIOR MANAGEMENT*

by: Patricia Ryan

Many adults in our society equate good parenting with control over a child's behavior and think of discipline as punishment for misbehavior. The following ideas and guidelines are based on the definition of discipline as teaching and stresses the parents' role as teacher. They can be used as a starting point for discussions with foster parents about discipline and how we can work with a child within agency policy.

1. Discipline is all of the activities and techniques for helping a child grow into a self-directing individual. It includes teaching, explaining, rewarding, and punishing.

2. Some forms of discipline are more conducive to learning than others. Generally speaking, those forms of discipline which are encouraging and make us feel good about ourselves encourage learning. Those forms which make us angry or feel inadequate get in the way of learning.

3. We can teach children to do what we want or they will be punished, or we can help children learn to want to do the right thing (develop a conscience). Very young children need external controls--they respond to positive and negative reinforcement. Older children, however, see pleasing and displeasing their parents and other important people as a rewards or punishment in and of itself. It isn't until early adolescence that most children are able to say they would be uncomfortable or unhappy if they behaved in a certain way.

4. As parents, we want our children to progress to the point where their own conscience tells them what is right or wrong. Until they are able to do this, we must set rules and limits for their health, safety, and the comfort of others around them. However, our ultimate goal is to allow them to eventually be able to make their own decisions. Thus, if our rules are primarily for control and do not teach, we will not succeed in raising adults.

5. Good discipline then takes into account what the child is capable of doing, what the child needs, and what will help the child grow.

*Adapted from A. Laycock, P. Ryan, B. Warren. Contemporary Parenting: Course Guidelines for Parent Education. Ypsilanti: Eastern Michigan University, 1981.

6. The first step in establishing a good discipline policy is for parents to examine what they think is important and what they want most for the child. It is crucial that parents agree between themselves on their disciplinary policy and attempt to be consistent.

   However, as human beings, parents will not always be fair and consistent. If such lapses are not too frequent, the child learns from how the parent handles his mistakes and is able to tolerate his own mistakes. If we needed perfect parents to raise healthy adults, we would not have any healthy adults.

7. Good discipline helps a child develop a sense of self-worth. If the child feels unworthy, he will feel incapable of doing good. Obviously, if a parent loves and likes his child, it is easier for the child to feel loveable and likeable. However, feelings can not be forced or pretended. Many parents find themselves not liking their children or a particular child. When this is true, the parent should ask, "Is it the child or his behavior I don't like?" If it is behavior, this can be changed. If it is the child, the parent should seek help in sorting out his or her feelings. This does not necessarily mean there is something wrong with either the parent or the child, but the family will be in difficulty until the feelings are resolved.

8. Early in life, behavior is shaped through reward and punishment. Although both are effective, rewarding good behavior has certain merits. It is more pleasant for everyone. It allows the child to feel he is capable of earning his rewards. Some parents worry about using rewards and ask if a child won't demand rewards all of the time. Yet most of us do many disagreeable things we would not do if we did not get rewards or praise or feelings of satisfaction. Excessive rewards and praise will teach a child to demand more and more. Reasonable recognition (rewards, praise) will lead to the child feeling pleasure at his accomplishments. When teaching a new behavior, most parents find rewards can be given at longer and longer intervals and eventually stop as the child's behavior becomes a pattern.

9. However, as adults, we recognize many of the things we do are done because we would be unhappy with the consequences. Children also need to learn about the negative consequences of behavior. Too often, punishments are negative consequences parents make up for children. Children are quick to learn punishment is not a true consequence of their behavior but something unpleasant forced on them by adults.

10. Children will learn best if they are allowed to experience the consequences of their own behavior. If they sleep late or fool around in the morning, they will be late for school. If they don't eat their dinner, they will be hungry before bed. If they don't share their toys, their friends won't play with them.

11. Sometimes, the natural consequences of behavior are either too dangerous (playing in the street means you might get hit by a car) or have no immediate meaning for the child (missing school might even be seen as a reward). We then try to use logical consequences. These are consequences where the child can see the connection between the behavior and the consequence even if it doesn't follow directly from the behavior (If you don't put your bike in the garage, you can't ride it the next day--letting the bike rust or get stolen would take too long or be too drastic).

12. Artificial consequences (punishments imposed by the parents) should be reserved for those few instances where the natural consequences are too remote or dangerous and the parent can not devise logical consequences.

13. Rewards can also be described as natural, logical, and artificial. The best rewards stem from the behavior: logical rewards are related to the behavior and reinforce for the child the benefits of behaving in a certain way. Artificial rewards should be reserved for situations where the child does not feel the immediate benefits of a given behavior.

14. Spanking and other forms of physical punishment are unnecessary and if used frequently make a child angry, hostile and frightened. Physical punishment teaches a child to be abusive, to control through force and to take out his anger through hurting others.

15. Using rewards and punishments as described above gives control to the child. He is able to decide whether a specific behavior or misbehavior is worth the consequence. This can be threatening to a parent who feels the need to control but prepares the child gradually for the types of decisions he will have to make as an adult.

16. As a parent gives up trying to control the child and focuses on teaching the child, the parent can evaluate those areas where intervention is most important. Many parents find the following scheme helpful.

Red Light Behavior: that which is harmful to the child or others or is destructive or illegal. The parent must intervene immediately. If the child's behavior can't be controlled, outside help should be sought.

Green Light Behavior: those behaviors which should be allowed to remain under the control of the child and for which the natural consequences will be all the child needs. The parent can occasionally point out the consequences as a teacher, but constant reminding is at best nagging and may set up a power struggle between parent and child.

Yellow Light Behavior: that which may have harmful or bothersome consequences and around which the parent may want to counsel the child, set limits or apply logical consequences.

17. The classification of specific behaviors will depend on the age of the child (crossing the street) and the values of the parents and their community.

18. When attempting to limit or encourage certain behaviors, the parent must also determine what the child can control. Thus, expecting a toddler to control his bladder during the day or an older child to remain dry at night may be unrealistic developmentally, and attempting to use consequences (either rewards or punishments) may only frustrate the child, make him feel angry, or even unworthy. Establishing a time for a child to be in bed is realistic. Telling him he must be asleep by a certain time is not.

19. One area where no one can be expected to have control is in the area of feelings. You can not insist that someone not be angry or not be sad or that he love his brother. Parents can and should teach children how to appropriately express their feelings. This is sometimes difficult because we do not want our children to be angry or sad. Recognizing that all people feel this way some time may help us to focus on appropriate expressions of these feelings (If a child is angry or unhappy most of the time, a parent will want to investigate further as to the cause by not try to argue him out of his feelings).

20. Sooner or later, every parent finds some behavior which they want to encourage or discourage. The following steps can be followed:

    1. Determine why the child behaves this way. No behavior is unmotivated, although the motivation is not always obvious to others. Be sure you are focusing on a specific behavior and not a general dissatisfaction (e.g., He doesn't make his bed, not he is a slob). Keeping a record of the frequency of misbehavior or failure of appropriate behavior and when it usually occurs may help in determining the reasons for the child's behavior.

    2. Examine your own attitudes toward the behavior. Why does it bother you or why do you expect it? How important is this behavior? Is it your problem or the child's problem?

    3. What are the long-range consequences of ignoring the behavior or lack of behavior?

    4. Determine how you can manage the behavior in the short run.

21. Once a parent has determined that a particular area is worth intervention, the parent should:

    1. Explain to the child the reason for the change. If you can't think of a good explanation, re-examine your own attitudes.

    2. Clearly state the rules in terms of specific behavior and the specific consequence which will follow. Remember consequences can be rewards as well as punishments.

    3. Suggest alternative behaviors for inappropriate behaviors.

    4. Consistently follow through on consequences. Remember that, generally speaking, the younger the child, the more immediate the consequences should be.

    5. Keeping a record of behavior will help both the parent and child see improvement.

    6. It is important to reassure the child you want him to improve, trust he is capable of improving and will stick by him until he does.

The above discussion points are based on the premise that discipline is teaching. They provide the starting point for mutual problem solving. The next reading focuses more specifically on handling problem behaviors.

Four Questions for Behavior Management*
by Patricia Ryan

Because they work with many different types of children, foster parents are confronted with many types of child behaviors, ranging from annoying or embarrassing habits to serious rule infractions which may be indicative of profound problems. Concerned foster parents repeatedly request help with interpreting the meaning of behaviors, the extent to which they should intervene to change such behaviors, and the techniques they can use to change the behaviors.

Although the Foster Parent Education Program has developed material to help foster parents deal with a number of different types of behaviors (lying, stealing, destructiveness, sexual acting out, bed wetting, compulsive eating, personal hygiene), it is impossible to anticipate all of the kinds of behaviors which may be raised. The materials collected here are intended to provide a foster parent instructor with an overview to help in guiding discussion whenever a specific type of behavior becomes the focus of class discussion.

The author has several times been confronted by a group of foster parents who wished to discuss a type of behavior for which she was totally unprepared. By focusing discussion around the four questions below, she was able to get meaningful group input and interaction around the behavior in question and feel most of the foster parents in her group had received meaningful answers to at least some of their questions.

The four questions recommended as a framework for discussion of behavior are:

1) What does it mean to the child? Why does he or she behave this way?

2) What does it mean to the foster family? Why are they upset by this behavior?

3) What are the long-range consequences of the behavior?

4) How do we handle the behavior in the short-run?

These questions are discussed in more detail below. This article was originally written as Introduction to the Summary of the 3rd Annual Educational Conference held by the Michigan Foster Parent Association. Also included is an outline for a course on "Discipline" which deals with helping parents interpret and manage behavior.

*Reprinted from: We've Only Just Begun: Summary of the Michigan Foster Parent Association 3rd Annual Education Conference Workshop Proceedings, Ypsilanti, MI: Eastern Michigan University, 1975.

What Does It Mean To The Foster Family?

Although some of the things foster children do are disruptive to family life, our main difficulty in dealing with specific behavior problems is often complicated by our own feelings. First of all, the behavior threatens our basic beliefs about how people are supposed to act, how we have been taught to behave, and what we think is right. It is wrong to steal! Nice people don't fight! Children must be taught to respect the rights of others! Use of drugs is immoral!

Second, we are concerned that if we can't teach the children in our care to behave properly, or stop them from behaving wrongly, they will grow up with serious problems or find themselves in serious trouble. If he is not taught to stop wetting the bed, he will never be able to control himself! Sexual acting out may lead to adult perversion. Petty theft can be the first step to the penitentiary!

Third, we do not like to admit to ourselves our reactions to certain behaviors; we find ourselves very angry. We are embarrassed in front of our friends and neighbors. We are sometimes "turned off." We can't cope and fear things may get completely out of control.

Finally, we blame ourselves for the child's behavior. If we were better foster parents, if we did the job well, if we knew more about how to handle children, then these things wouldn't happen.

Once we begin to explore these feelings, we find that we are often complicating the problem. The difficulties created by the child's problem are real and some forms of behavior can not be allowed to continue, but as we come to grips with our feelings, we are better able to help the child. So we explore our own feelings about sexuality, substance use, honesty, anger, selfishness, and self-control. Most of us recall times when our behavior fell short in these areas. We have all told a lie. We have all wished that we could run away even if we didn't actually try it. Most of us have at least experimented with tobacco or alcohol. We have felt jealousy about the attention our siblings received at our expense. We were all teenagers. Most importantly, we realize that we had been able to grow into responsible adulthood despite these behaviors.

As we shift our attention to our feelings as foster parents, we realize that anger, frustration, and embarrassment are normal. All foster parents, indeed all parents, have these feelings more often than we would like to admit. We decide that blaming ourselves is not really helpful, but if we can accept our feelings and stop blaming the child for causing these feelings, we will be a lot more effective in working with the child.

Finally, we begin to realize we are not responsible for most of the problems of the children in our care. And the child's behavior does not mean that he doesn't like us. There are no tried and true solutions. We will be most helpful to the children if we look at the successes we are having with them, try to be satisfied that we are doing our best, and then look for alternative ways to handle the behavior.

What Does It Mean To The Child?

Before we think about ways in which we could modify a child's behavior, it might be helpful to figure out why the child behaves the way he does. Some behavior must be stopped immediately because it is harmful to the child or to others, but as we begin to understand where the child is coming from, it is often easier to stop the behavior or to offer a substitute behavior.

Some of the reasons for the behavior of foster children are really typical of many children, even those who have always lived with their natural families. Others arise out of the experiences that brought the child into foster care or his experiences in foster care. Why do children exhibit troublesome behavior?

Sometimes, it is because they are frightened. All foster children have reason to fear that bad things can happen to them. In addition, they fear the loss of our love and affection, the loss of their place in our family, and the loss of acceptance by their peers. They fear punishment if their behavior is detected. They fear they may be sent away once again, that no one will really put up with them because they are not worthy. Thus they will sometimes lie to cover up their misdeeds, wet the bed rather than face the darkness, go along with the group rather than risk losing their friends, or run away rather than face waiting to be sent away.

Many children, especially those who are frightened, misbehave in order to get attention and reassurance that someone cares, if only to punish them. For these children, even spankings are better than nothing.

Most children are angry sometimes. Many foster children are angry a lot. They have lost what most children can take for granted--their family. Because of this anger, they may be more likely than other children to break things, to fight with other children, to sass adults, or to take things. These behaviors do not mean that they are angry at us, only that they have no other way of expressing their feelings.

Many foster children have never had the opportunity to learn appropriate behavior or have actually been taught inappropriate behavior. They may feel cussing is tough, stealing is the only

way to get nice things, hiding food assures you of something to eat. They were never taught to clean their rooms, eat at the table, or use the bathroom properly. They have not had the experience of living in a normal family to help them to learn to share, to take turns, or to be careful of other people's things.

Finally, children may have physical, mental or emotional problems that make it difficult for them to perceive what is wanted of them or to behave as is expected. They may not hear properly. They may not understand at the same level as others of their age. They may not have developed the same level of skills. Other problems may make them appear "lazy", "nervous", or "belligerent".

What Are The Long Range Consequences?

We have all behaved inappropriately many times and yet most of us have grown up reasonably well. We are able to think of children as growing up in stages and that many types of behavior are really typical of a stage. At each stage, the child needs the security of having a family to love and protect him, but at the same time, he is trying to learn new skills and gain greater independence. He is caught between the need to leave and the need to stay while having to learn a lot of new things, some of which are difficult. This is as true of the two- or ten-year-old as it is of the teen. Each child passes through these stages at a different pace, but no one can skip a stage. Often times, the behavior of a problem child is an exaggeration of behavior that is typical.

For foster children, their past experiences may have slowed their pace so that even though they are perfectly normal, they act a year or two younger. Our job becomes helping them to move to the next stage rather than insisting that they "act their age."

What then are the long range consequences for the child who steals, wets the bed, smokes marijuana, or masturbates in public? Upon reflection, we often find that there are not necessarily any long range consequences, it is what happens to the child as a result of these behaviors and how he comes to feel about himself as a consequence that will have long range consequences. Our job as foster parents becomes:

1. to prevent the child from behaving in any way that is harmful to himself or others or that is illegal.

2. to stop him in a way that does not make him feel that he is a worthless human being.

3. to offer alternative behaviors that make him feel good and make him feel good about himself.

4. to reassure him that with help and growth, he will be able to overcome his problems.

5. to sometimes ignore behavior that really is not serious.

6. to point out the consequences of his behavior and set limits.

7. to teach the child to make wise decisions about his own behavior in line with the possible consequences.

What Do You Do For The Short Run?

After we explore our own feelings about specific types of behavior and some of the reasons foster children are likely to behave this way, we are still left with handling the child's behavior right now. The following steps might help us to work more effectively with the child:

1. Assess the problem. What is the specific behavior that bothers me most? Why? Most behavior can be divided into three categories:

   Damaging or illegal behavior. This behavior must be stopped immediately. The child should be physically stopped, or put into a situation where his behavior will not be destructive.

   Behavior that is potentially damaging or disruptive. This is behavior that the foster parent must control, set limits on, or help the child find appropriate settings for. It is behavior that is permissible within limits, in appropriate settings, or under certain conditions, but which can be problematic or lead to trouble.

   Behavior that can be ignored. This is behavior that is really within the child's realm to decide how he is going to express himself or to behave. It becomes problematic to us when it is annoying or threatens some of our values. Such things as sloppy dress, fads, use of slang, certain types of mannerisms, or the use of private time can be upsetting. As parents, we are tempted to direct the child to behave the way we think is best, but must consider if using our energies to correct these things is really worthwhile. If we are not careful, we can find ourselves continuously picking at the child which is not only unpleasant for everyone, but make us less effective in more important areas.

It is helpful in assessing the behavior that is bothering us to keep in mind the following points:

   a) Be specific in our own minds as to what the behavior is. Don't think "he is a thief", but "he took 25 cents from his brother's dresser." Not "she is lazy", but "she doesn't make her bed before school."

b) When is the undesired behavior most likely to occur? At bedtime? When the child is tired?

c) Try to figure out why the child behaves this way. What it means to him.

2. Make a plan. If we remember that our role is to teach children to be able to eventually grow to the point of being able to make their own decisions as to how they will behave, then we can base our plan on helping them to control their behavior rather than depending on outside controls. This doesn't mean that we should not use outside controls. With young children, or with children of any age who have not developed their own controls, outside controls are necessary.

3. Managing behavior. We can now turn to changing or modifying the child's behavior. The plan we have made will depend on the child's stage of development and the nature of the behavior.

Illegal or destructive behavior. We must stop the child from behaving in this way. We tell him that he cannot do what he had done, naming the specific behavior that has been committed. Use physical force if necessary to stop him. Explain why it is wrong. Tell him exactly what will happen if he continues and make sure that consequences follows immediately upon repetition of the behavior.

Behavior that is potentially damaging. We start by explaining to the child why he must use caution in behaving thus, what are the potential dangers, what are the likely reactions of other people. We help him to make decisions as to when and under what conditions such behavior is appropriate.

Behavior that can be ignored. When a child is doing things that are annoying or undesirable, but which we have decided that we do not have to really deal with, we can still encourage him to behave differently. Sometimes, if we ignore the behavior, he will "grow out of it." We can tell him that we don't like it and why we would prefer different behavior, provide him with alternative behavior, tell him when it is appropriate and when not, reward him when he behaves better and reassure him that he is normal, worthwhile and loveable even if sometimes less than perfect.

4. Plans for when a child's behavior cannot be controlled. Sooner or later, most of us find a situation in which we cannot stop a child from behaving in a certain way. If the behavior is damaging or illegal, we must try to get outside help. We explore possible plans with our worker or take the initiative in finding community resources to help the child, not because we have failed, but because the child needs more than we can offer. While we are getting help, we can try to assure that the child is controlled so he doesn't harm himself or others.

If the behavior is neither damaging nor illegal, we can ease the situation by assuring that the child's behavior is no more disruptive than necessary, that he is never rewarded for disrupting, and he is provided with alternatives that will lead to his eventually substituting appropriate behavior for inappropriate. For instance, a child who has temper outbursts can be put in another room until he is able to rejoin the group. Children can be taught to clean up after themselves, change their beds, or given chores to pay for damage or theft.

Throughout all of our attempts to help children change their behavior, it is important to keep in mind and share with the child that:

1. Children, like all human beings, come in many variations,
2. Each family has rules the members must follow if everyone is to live together,
3. All feelings and fantasies are normal, but behavior cannot exceed certain limits,
4. Although some behavior cannot be tolerated, the child is worthwhile and can learn more appropriate behavior,
5. Eliminating behavior is sometimes easier if the child is provided with acceptable alternative behavior,
6. We will work on a limited number of behaviors at one time, and
7. We are dealing with specific behaviors and not trying to change character traits.

APPENDIX H

THE ABUSED AND NEGLECTED ADOLESCENT: IMPLICATIONS FOR FOSTER CARE

by

Marjorie Ziefert

BACKGROUND

While many adolescents are abused and neglected annually the development of an understanding of the problem and appropriate intervention services lags far behind that provided for younger children who are victims of familial violence and neglect. Adolescents in need have historically fallen between the service "cracks" in most of our human service agencies. Not yet adults, and no longer children, adolescents have the needs of both and the status of neither. Many communities respond to the problem by denying the needs of their teens, attempting to fit them into programs designed for younger children or acknowledging complete frustration with service delivery attempts.

While the emotional trauma of abuse can be as intense as that experienced by a younger child, the physical signs are usually not as severe. Hence, abused adolescents do not generally evoke the same sympathy as younger victims. Adolescents are sometimes seen as being big enough to protect themselves, of even "deserving" of the abuse inflicted upon them. Violence-prone families tend to create patterns of family abuse in which the adolescent may physically abuse her parent. In such situations the adolescent is not likely to evoke support, and is more likely to be labeled a perpetrator, rather than the victim she is.

Contributing to the problem of service delivery to the abused adolescent population are issues related to adolescent development itself. The adolescent's transition to adulthood is normally turbulent and, at times, intolerable to those around her. Many human service workers do not choose involvement with this population. If as a worker, one has unresolved issues from one's own adolescence, is struggling with rearing an adolescent offspring or is threatened by the youthful contrasts to his own waning youth, a worker may steer clear of this client population.

In this context of intergenerational conflict, the particular problems and behaviors of abused adolescents compound the resistance. The anger and mistrust felt by these young people make it most difficult to develop a close working alliance, and tend to complicate both the identification of adolescent abuse and appropriate intervention. Often abused adolescents come to our attention only through conflict with teachers, the police, and other authoritarian institutions in the community. Once they are labeled for delinquent behavior or status offenses, the issue of abuse or neglect is overlooked. The relevance of the personal history of maltreatment is often secondary in both assessment of antisocial behaviors and ongoing planning and intervention.

OVERVIEW

The intent of this supplementary reading is to discuss both assessment and intervention issues of concern to the worker whose client population consists of adolescents who have been abused or neglected prior to placement in foster care as well as those who become high risk as the conflicts of adolescence impact on the foster family. Particular attention will be given to developmental issues in adolescence, in adult and in families, as they come together to sometimes create the potential for abuse and neglect. These issues are relevant to understanding the events that have taken place in the biological home, the "baggage" that the adolescent brings to placement and the assessment of, and intervention in potentiallly, volatile foster home placements.

While maltreatment may first be recognized in adolescence, it either can be a long-standing familial pattern or one which emerges only in adolescence. Three somewhat distinct forms of adolescent maltreatment have been identified: (1) chronic maltreatment which continues during adolescence, (2) maltreatment which begins in adolescence, and (3) maltreatment which intensifies during adolescence.

Whether the abuse and neglect are historical or new phenomena during adolescence, they occur in a context of radical changes for the adolescent, for the parent, and for the family in a new stage of development. The themes of separation, individuation, and control - major issues for the normal adolescent and his family - emerge as problematic areas in families where both parents and children are having difficulty establishing a new parent child relationship. Often developmental conflicts concerning autonomy, which first arise at the two-year-old stage, are repeated at a new level during adolescence.

For some chronically maltreated youths the task of separation and individuation is nearly impossible to achieve. Their low self-esteem makes it difficult for them to see their parents from a critical perspective. Hence they blame themselves for their plight, and their acting out merely serves to reinforce both their poor self-image and the abuse and neglect they receive. These young people are generally identified not because of abuse and neglect, but because of severe delinquent behavior or mental health problems.

Other maltreated youth are actively engaged in a radical redefinition of self and others. They are busy establishing identities of their own, exploring different lifestyles, developing intimate relationships outside the family, and building a more critical perspective on the whole--including their relationships with their families. As a consequence they may begin to resist, protest, and act out against longstanding victimization in the family. Their choices, however, are limited. The adolescent may refuse to submit to parents, confide in another adult or peer, or choose to leave the situation. All of these new behaviors heighten conflict in the isolated, stress-ridden family as it protects itself from public revelation of private family weaknesses or secrets.

The battles around control and separation which are characteristic of this period in the family's development sometimes are manifested in abusive behaviors directed toward the adolescent. Parents who have a great need for control or who are fearful of impending loss and separation easily become involved in anxious battles which may precipitate abuse for the first time or turn what historically was physical discipline into less controlled violence. Violent responses to threatened loss of control or separation are not atypical at this stage of the family's history. Often one hears these parents describe the perfect child who within a six-month period began lying, failing in school and changed his peer group, this radical shift resulting in an extreme response from the parent. For both parent and child in this situation, the evolution from childhood to adulthood can occur only through violent revolution, with the child pushing the issue to extremes and the parent responding in a desperate attempt to stay in control. When this does not work, these families may abrogate their responsibilities toward their teenagers completely, thereby creating a rapidly increasing group of neglected adolescents currently referred to as "throwaways."

Abuse and neglect are phenomena most frequently occuring in families already laden with psychic and social stress. The coinciding crisis of adolescence and the midlife crisis of the parents of adolescents creates still another dynamic toward increased family conflict. For the adolescent, the end of childhood and the beginning of adulthood are both frightening

prospects, difficult to confront and seemingly uncontrollable in consequence. For the parent, letting go of a child is threatening in its demand for redefinition of self as well. Watching, and participating in, all of those intensely emotional developmental changes--concerning identity, sexuality, intimacy, career, lifestyle, etc. confronts the parent both with her own changing status and with the inevitable passage of time. Fighting to hold on to a growing child then becomes a way of holding on to one's own identity and sense of meaning. In families where such parental "need" is strong, the adolescent's developmental struggle is apt to be stormy and painful for all.

Figure 1 illustrates the developmental challenges of both adolescents and adults and the source of potential conflict during this developmental stage.

CATEGORIES OF ADOLESCENT MALTREATMENT* WITH COMMENT AND THEIR IMPLICATION FOR FOSTER CARE PLACEMENT

To differentiate planning and intervention strategies when placing maltreated adolescents one must make an assessment which identifies the onset, duration and dynamics of the abusive or neglectful situation. The following section distinguishes between three patterns of adolescent abuse and suggests some of their planning implications. These categories are not the sole indicators of a specific plan and should be only a part of an assessment of familial, situational and psychological information unique to an individual adolescent.

*The information describing each of the three patterns has been excerpted from Adolescent Abuse and Neglect: Intervention Strategies by Bruce Fisher, Jane Berdie, JoAnn Cook, and Noel Day. DHHS, 1980. Following each pattern description there is a section strategizing foster care planning for that particular group.

POTENTIAL SOURCES OF ADOLESCENT-PARENT CONFLICT

by Marjorie Ziefert

CHALLENGES OF ADOLESCENT DEVELOPMENT	⟷ SOURCES OF CONFLICT* ⟷	CHALLENGES OF ADULT DEVELOPMENT
A. adjustment to physiological changes in body size and structure	developmental disability illness resistance to change depression	A. adjustment to physiological changes in strength and stamina
B. developing sexual potency	sexual promiscuity fears of changing sexual fears sexuality debilitating illness	B. satisfaction with self and child's sexuality
C. developing feelings of competence	feelings of lack of self-worth no alternatives to parenting roles	C. maintaining feelings of competence
D. developing individual and peer group identity	identity crises fear of family's disintegration isolation familial losses through death or divorce	D. consolidation and redefinition of primary relationships with spouse, family, and children
E. exploration of potential life goals	aimlessness disappointment feelings of hopelessness	E. assessment and readjustment of life goals
F. exploration and questioning of value options	self and/or socially destructive rebellion inflexible rigidity	F. assessment of own values - achieving a balance between stability and change
G. developing self control	lack of self control fear of loss of control	G. maintaining self control

* mediated by social, cultural and economic variables

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I. Patterns Beginning In Childhood

A. Physical Abuse Beginning in Childhood and Continuing Into Adolescence

Abuse in these families can be characterized as a pattern extending through several generations. It begins very early in life and is accompanied by inappropriate parental expectations regarding the child's performance and/or ability to nurture the parents. When the child predictably fails to meet these expectations, abuse occurs. Both child and parent see this as justified because of the child's "failure," although parents deny to themselves and others that their behavior is abusive.

Often the result for the child is poor self-esteem which in turn causes problems for him in learning and in relationships. These families usually have a pattern of social isolation, often viewing other people as sources of pain and criticism rather than of pleasure and nurturance. Parents, because of their own childhood experiences, fear failure; their abusive behavior often arises out of fear that their child will make them look bad as parents.

Parents often show various patterns of early disturbance in personality development which may be present through behavior that is immature and inadequate, dependent and narcissistic, rigid and domineering, or disorganized and overwhelmed.

Children often learn by latency age (about 7-11 years) how to best avoid abuse or minimize its frequency. Latency stage of development is characterized by intellectual and cognitive learning; the child identifies with the parents who are role models for the child's developing value systems and social ideals. The family problems inherent in adolescence may renew the cycle of abuse as the youth begins to separate and becomes less willing to meet the parents' needs or begins to challenge the rigid control of the parents. Thus, the precipitants of abuse are related to adolescent and middlescent developmental issues. However, through the process of separation and individuation, the youth may begin to see the abuse as destructive to him or her and, through the normal adolescent denigration of the parents, begin to see that it is the parents rather than himself, who are at fault.

When this occurs, the youth may report the parents' behavior to someone outside of the family or may even run away. More often, however, the youth has been so psychologically injured by the chronic abuse and criticism, by failure in school and in relationships, that the response to adolescence is to act out

pain rather that to talk about it. This acting out often involves the youth in the juvenile justice system where the maltreatment may go undetected. These adolescents may also be labeled as learning disabled, turn up in drug programs, or be identified as maltreated at medical facilities. (Fisher, et.al. pp. 37-38)

B. Neglect Beginning in Childhood and Continuing into Adolescence

Neglectful families' lives are chaotic and disordered; difficulty in coping is apt to be generalized rather that limited to child rearing and reflects the minimal psychosocial development of the parents. Personality disorders are common in such parents, and they appear to have underlying characterological depression.

Parents frequently play the role of older sibling rather than parent to their children, and compete with them over whose dependency needs will be met. Separation anxiety is pervasive, and parents frequently master it by abruptly detaching as the toddler individuates. Adolescent separation tasks bring about a repetition of this pattern. There is little ability to recognize reciprocity of rights or needs, or to conceive of resolving conflicts through negotiation and compromise.

Children's needs for nurturance are haphazardly met, so that they experience others as unreliable. Children's self-esteem is usually poor because of lack of normal parental feedback. Their esteem is further reduced because children frequently fail at tasks requiring a maturity they lack, and with which they get (and come to expect) no help. During latency, children frequently take care of their parents because they recognize parental inability.

Some families demonstrate periods of relatively mature functioning alternating with periods of impulsive upheaval in which jobs, living arrangements, and relationships are changed. This activity is propelled by the internal threat of emergence of the underlying depression.

Neglected adolescents:

*usually approach the tasks of adolescent development with generalized developmental lags and evidence of behavior disorders and/or withdrawal.

*may be quite aggressive and exhibit antisocial behavior.

*often have problems with internalization of controls.

*may appear emotionally healthy, but may have psychosocial, social and cultural deficiencies that may eventually bring them to the attention of schools, hospitals and mental health facilities.

*may be at particulary high risk for early pregnancy.

*may exhibit extreme withdrawal and suicide gestures in very serious cases. (Fisher, et.al., pp 44-45)

C. Emotional Abuse Beginning in Childhood and Continuing Into Adolescence

There appear to be two family patterns in this diagnostic category:

Emotional Abuse Associated With Chronic Excessive and Generalized Criticism.

These families are characterized by: inappropriate parental expectations; predictable failure by the child in meeting these, followed by severe criticism that is generalized from the specific failure into pervasive denigration of the child's worth. Humiliating or frightening punishments, such as being locked in dark closets or cellars, are also characteristic of these families. This pattern includes extreme prohibition of expressions to those felings that are unacceptable or threatening to parents, typically those of fear, grief or sadness, and rage. The parents' behavior toward the child is a result of desperate attempts to force the child to act in such a way as to allow the parents to feel successful. With each failure, the parents bear down harder, seeing the child as a further threat to self-esteem. Usually these children try desperately to please the parents and see their problems as the result of their own shortcomings.

Emotional Abuse Associated With Chronic Double Binding

The double bind is a situation, usually involving a parent and child, in which communication having the following characteristics takes place:

- two contradictory messages about the same topic are given by the parent to the child.

- the two messages are given on different levels, for example, one may be verbal and the other nonverbal.

- there are constraints placed upon the child which prohibit her from commenting on the contradiction; nor can she escape from either the situation or from the psychologically damaging consequences of it.

An example of a double bind situation is as follows: Mother tells her son, "Why don't you go to the movie with your friends?" Her nonverbal expression is a sigh and downward look, which gives the message, "If you go I will be hurt," that is, "Do not go." If the child comments on the discrepancy between messages, he is angrily told, "I told you to go, didn't I?" The child is left confused by the contradictory message and with no way to clarify the situation.

In families in which the double bind dynamic has been used to maintain family equilbrium or as a defensive maneuver to camouflage parental pathology, the onset of adolescense can present an extreme threat. As the youth begins to show evidence of changing her role in the family, the double binding behavior by the parent may intensify in an attempt to again immobilize the youth in a no-win position. The increased internal pressure of adolescent developmental tasks combined with the binding behavior may result in either a psychotic break in the youth or desperate acting out to call attention to the family's distress. (Fisher, et.al., pp 41-43)

D. Strategies for Planning with Life Long Victims of Maltreatment

Adolescents reared in long term abusive or neglectful homes often continue the cycle of low self-esteem and failure mapped out for them since early childhood. Stuck at earlier developmental levels, the issues of adolescence may be obscured. These youth may not be involved in traditional adolescent testing behavior but may be reacting out of fear. They may be characterized by rigidity, lack of questioning and identification with the maltreating parent, both accepting their role as victim and perhaps victimizing others. Their behavior varies depending on whether prior parental functioning was consistantly or intermittently inadequate. Seemingly, youth living with constant deprivation and lack of nurturing are more likely to have internalized their anger and given up demands for need fulfillment. Depression, drug use and suicide attempts may be noted. Alternately youth who have known periods of need gratification have had an experience which has giving them some strength to fight and find ways of demanding their needs be met. Often the choices of demand behavior are inappropriate and may receive attention which plays into the failure cycle. What these

youth need most is a safe environment with a great deal of external structure. The foster parents must provide much support and be both patient and persistent. The youth may be severely emotionally damaged and it may take much time and consistent, clear caring for them to begin to develop trust.

Foster parents need to be persistent in trying to engage these young people. Limit setting and acceptance in combination must be maintained. Physical safety measures which might be necessary include locking up guns, other implements of self destruction, and drugs. Young people who identify with their abusive parent may victimize young siblings in the foster home. Therefore a safety measure is to choose a home where the adolescent can be the youngest child in the home. The foster parents need to constantly find means of enhancing self-esteem. The use of community resources can supplement the foster parents in this effort. These young people are candidates for therapy. They may need an alternative school setting in which they are welcome and attempts are made to find and enhance strengths rather than reinforce prior academic failures. Youth employment programs where skills, money and a sense of accomplishment are likely outcomes can serve these young people well. In some instances the amount of structure needed and the severity of the destructive behavior may warrent the use of a residential setting where behavior can be monitored or controlled and extreme structure is part of a daily routine.

II. Patterns Which Intensify in Adolescence

A. Physical Punishment in Childhood Changing Qualitatively to Physical Abuse in Adolescence

In this pattern, when children reach the adolescent stage of development the quality of physical punishment changes and open-handed slaps or spankings become blows delivered with closed fists and greater force; "he used to slap me around, but now he beats me up." In these families, corporal punishment is accepted and is used in a way deemed appropriate by community standards until the child reaches adolescence.

Struggles between parents and children related to adolescent development create an atmosphere of conflict which increases the anger that is discharged through the punishment, causing it to become abusive. Similarly, physical abuse can replace an emotional form of abuse which had been present at earlier life stages. The parents become frustrated with the child's inability to respond to discipline and/or the adolescent's tendency to disrupt the order of the family. These parents respond to the

loss of control in their family by, first, becoming increasingly rigid and, finally, by losing control of themselves. This loss of control then leads to an act that is abusive.

Thus, adolescent development, that is separation and control issues, sets the stage for the abuse to happen. Normal testing of limits involved in attempting to master either separation or control may be so disturbing as to overwhelm the parent; the rigid parent is unable to deal with the unpredictability of the adolescent. Further, parents who overcontrol their children will find that they have not given the children the opportunity to learn control for themselves. When they reach adolescence, they go wild. Alternately, the children in the family who are strong enough to fight against overcontrol will be perceived by the rigid parent as out of control.* This rigid control and frequent physical punishment may result in the adolescent:

*having low self-esteem

*exhibiting school behavior problems

*acting out in aggressive ways

*becoming involved in the juvenile justice system as a status offender or delinquent (Fisher, et.al, pp. 38-39)

B. Dysfunctional Parental Rigidity in Childhood, Changing to Emotional Abuse in Adolescence

The family dynamics of this pattern of emotional abuse are very similar to those in which physical punishment changes qualitatively into physical abuse with the onset of adolescence. The primary difference is that in these families the adolescent has conformed to the parents' expectations and controls, often at great expense to his or her own personality development, and has thus avoided both harsh criticism and physical punishment.

The internal pressures of attempting to negotiate adolescent tasks detract energy from pleasing parents, and the nature of the tasks makes the parents of less central importance. The parents retaliate against the youth's decreasing conformity by assaulting her self-esteem, by harrassing the youth regarding her failure to meet parental expectations, and by placing severe restrictions on

*Ira S. Louris. "Family Dynamics and the Abuse of Adolescents: A Case for a Developmental Phase." Paper delivered to International Conference on Child Abuse and Neglect. London, September, 1978.

the youth's mobility. As restrictions increase, so do infractions, and parents may attempt to involve the juvenile justice system by declaring the youth "beyond parental control."

Alternatively, they may simply "push out" the adolescent, saying she can no longer live there since the youth cannot obey the rules. (Fisher, et.al., pp. 43)

C. Strategies for Planning with Adolescents Experiencing Intensified Maltreatment in Adolescence

Young people in this catagory come to foster care with normal adolescent struggles magnified by the fact that their adolescent issues set off a major family crisis in their biological home.

The themes of control and separation quickly begin to `get played out in the foster care setting. These youth once feeling comfortable in the foster home will test the foster care providers who must be providing external control and must be flexible enough to allow the young person to engage in an honest battle for individualization, identity and self-control. They must bear with the alternating periods of distance and closeness which are characteristic of the developing adolescent.

Young people in this category are likely to have ambivalent relationships with their biological families. The foster family must be flexible enough to incorporate them into their family system. The youth will often have ongoing contact with their families and should be given permission to feel connected to them while a part of their new family. Negative attitudes on the part of the foster family may make it almost impossible for the young person to become engaged in his new home.

Young people in this situation bring with them to foster care the themes of control and separation. Since these are also major developmental issues for adults, there is some potential that in foster home settings where these are conflictual issues, the coincidence of similar conflict in the youth and adults will lead to high risk situations.

The resources useful for these youth and foster families consist of schools and extra curricular activities which enhance self-esteem. Discovering strengths and talents in the young person and encouraging their development can be an growth enhancing process. Family treatment for the biological family with the youth attending sessions keeps them connected in less

destructive ways which may eventually lead to reestablishment of positive ties. It also serves the foster family well if all can acknowledge and accept the biological families' relationship.

III. Patterns of Maltreatment Emerging in Adolescence

A. Physical Abuse

There appear to be three family patterns in this diagnostic category of abuse emerging in adolescence whose common elements are: abuse occuring in families which evidence no significant preadolescent dysfunction, and abuse which is rooted in difficulties of adolescent and/or middlescent development. The three patterns of abuse are:

Physical Abuse Connected to the Developmental Issue of Sexuality. In this family pattern, both the adolescent's desire for acknowledgement of attractiveness from parents and parent's potential mid-life preoccupation with their own sexuality play a part. As daughters develop sexually, the father may feel aroused and then guilty; he denies or represses his incestuous desires and, instead, becomes angry and strikes out at, and/or rejects his daughter. The father's repressed sexual desires are sometimes projected onto the daughter's boyfriends, accounting for some of the instances of physical abuse that emerge because of conflicts over the issue of dating. This dynamic can operate between mothers and male children as well.

Physical Abuse Connected With the Developmental Issue of Separation. In this family pattern, the youth finds adolescence a particularly difficult developmental stage to master; his attempts are fraught with provocative testing behavior and labile emotions. The abuse is sporadic and related to particularly troublesome incidents. The parents tend to be child-oriented people who indulge their children; when the children are young, parents are rewarded for this indulgence of good behavior. This infantalizes the child, an action which is gratifying for both the child and the parent. However, when adolescence is reached, the family is not prepared for the child to be explosive and often violent. This violence is related to an incident or series of incidents and does not necessarily depend on there being a family pattern of violence. The adolescent's trouble in moving ahead developmentally is frustrating to the entire family, leading to conflict. Given this family pattern, in order for the youth to grow up he must make a dramatic break from his parents. This is done in various ways depending on the youth and the situation. In most cases, the youth overcompensates; for example, he runs away instead of leaving

slowly and in an orderly way. These changes frighten both the parents and the youth, but the new positions cannot be given up as that would place the youth back in an overly dependent position. Hence, the parent and the youth struggle, leading to abuse.

Physical Abuse Resulting From the Restimulation of Parents' Own Unresolved Adolescent Issues. Mahan* describes this pattern in which parental developmental factors become problematic. She notes that parents' mid-life crises and the concurrent emergence of adolescence in their children can reactivate the parents' own unfinished adolescent issues.

This can result in overt competition between parent and child, with concomitant jealousy and peer-like physical fights. This manifestation has often been seen in connection with sexual rivalry between divorced mothers and adolescent daughters. A parent's unfinished adolescent issues may also manifest themselves in a process which sets an adolescent up to act out against authority in a manner in which the parent never dared. These adolescents are often first abused and later pushed out of the family as unacceptable. (Fisher, et.al., pp. 40-41)

B. Emotional Abuse Emerging in Adolescence

Emotional abuse which appears to be related primarily to developmental conflict often centers on the issue of control. The parents who experience feelings of decreased power and effectiveness as part of a midlife crisis see the adolescent as much more powerful than she is in reality. The parent then reacts to the youth in an emotionally assaultive manner in order to "cut her down to size." This can be emotionally destructive to the youth whose apparent strength and powerfulness are simply adolescent muscle-flexing. The parental overreaction can compromise the youth's development by damaging self-esteem already made vulnerable by adolescence.

Emotional abuse emerging in adolescence may be associated with previous or concurrent physical abuse. The parents may feel they have lost other means of control and thus direct anger at the youth in a pervasive way. Often the emotional abuse takes the form of rejection, assaults (sometimes public) on self-esteem, or unreasonable restrictions. (Fisher, et.al., pp.43-44)

*Monica Mahan, "Differential Diagnosis and Treatment Planning in Working With Adolescent Abuse and Neglect," Draft, Unpublished Manuscript, 1978.

C. Neglect Emerging in Adolescence

Family difficulties arising from conflicts of adolescent and middlescent development can result in emotional and/or physical neglect of the youth. The issues are similar to those causing abuse, but the family dynamics differ. Two fairly distinct dynamic patterns causing neglect have been suggested.

Neglect Connected with the Developmental Issues of Internalization of Control. In this form of neglect, parents essentially "give up" their parental responsibilities toward the youth during adolescence. The dynamics of this short term neglect seem similar to some abuse situations (in fact, are sometimes preceded by abuse) in that the basis is the issue of control. A common circumstance is that in which the parents have failed in and/or given up on attempts to discipline. Neglect frequently occurs after a series of episodes in which the youth acts out against authority in the community. The parents move gradually from supporting the youth and attempting to control him, to a self-protective stance of not wanting to deal with further feelings of disappointment, betrayal, and failure. The youth is then emotionally and physically abondoned in his struggles with the issues of internal controls, and may even be pushed out of the family. More commonly, however, parents simply withdraw from the relationship as well as parental supervisory responsibilities, allowing the youth to survive as best he can.

This withdrawal appears to occur when the parents' mid-life crises make them feel weak and ineffectual. They cannot cope with setting limits on adolescent testing behavior because they perceive the youth to be more powerful than themselves. They communicate to the youth that he is powerful and destructive and then they withdraw. Although the youth is frightened by "out-of-control" feelings and by the emotional abandonment, this fear impels him to continue to test. The youth thus moves to the community arena and continues to challenge and test until the community authorities step in to set limits.

Neglect Arising from Situational Factors. Parent's reactive depression to situational factors may cause them to withdraw emotionally from or to physically neglect an adolescent. Parents are particularly vulnerable to those situations that compound their own developmental tasks. Dynamically this pattern is the same as that described under Situational Abuse Emerging in Adolescence, except that the parents ward off the adolescent by neglect rather than by abuse. For example, when divorce is the situational factor precipitating the upset, the parent may cope with the depression by turning

complete attention to "starting a new life." In the course of redefining himself in terms of returning to school, becoming employed, moving, and/or beginning new relationships, children left from the "old life" may receive little attention. Lack of supervision and emotional support are common, and youths may suddenly be expected to fend for themselves in terms of physical care. This is particularly problematic in early adolescence; there is suddenly no one available for the youth to rebel against, to define herself by and, more important, to lean on when necessary. These adolescents have their own grief and loss to work through, they have experienced the family upset that preceded the divorce, and they are struggling with the very difficult tasks of adolescent development--in short, they are in desperate need of involved parents. It is not surprising that many of these adolescents have school problems, run away, are truant from school, have psychosomatic illnesses, and/or engage in delinquent behavior. (Fisher, et.al., pp. 45-46)

D. Strategies for Planning with Adolescents Who Have Experienced Maltreatment Emerging in Adolescence

Foster care placement for these youth is particularily difficult and unpredictable. The youth, believing she has no identity in the face of an adult, may continue to push limits to extremes demanding independence and be unable to accept compromise which is seen as a defeat and a blow to her identity. These youth may do well in homes which are less traditional, and provide "counseling" rather that parenting. Single parent homes or group living situations with unrelated adults living together (i.e. graduate students sharing space and functioning collectively) can each be a non-threatening alternative to the nuclear family. Older youth in this category may do well in an open group home setting where skills in independent living and peer inter-personal relationships are the focus of intervention.

Because the past history in the natural family is often not conflictual and it is usually the developmental conflicts of parent and youth which creates the problems, these families can usually reestablish a relationship when someone else takes over the emotionally fraught and overwhelming task of parenting. When the youth is not in the home it gives each person an opportunity to work on their own conflicts without them being exacerbated by the other's similar issues...

Work with the parents on their own issues reduces the focus on the young person as "problem." Family issues can be talked about in therapy sessions and the potential for a redefinition of relationship is strong.

The foster families might also be focused on establishing a redefined relationship between parent and youth as well as between foster parent and youth. The traditional foster family can serve as a support and model for the biological parent. The non-traditional family can serve as a friend with a mutual investment in their child.

Because the youth in this situation are particularly sensitive to developmental conflict in the adults around them it is critical that assessment and ongoing involvement with the foster family maintain a barometer, measuring the foster parents' handling of their own developmental issues in light of those brought by the adolescent.

APPENDIX I

MISMATCHING OF FOSTER PARENTS AND THE SEXUALLY ABUSED PRESCHOOL CHILD: CRITICAL FACTORS

INTRODUCTION

It has long been appreciated that separating children from their natural parents and placing them in the care of foster parents is a process which is psychologically at best difficult and at worst devastating for the child. The trauma to a child leaving a known environment and family, even when the surroundings and individuals are hostile, in order to be moved to a safer but less comfortable home situation has been well documented.

On the other side of the coin the task of the foster parents is equally difficult. Accepting into one's home and family a child who has been abused or neglected, whose psyche has been battered by perhaps months or years of insults, and whose basic needs have been minimally met or totally ignored, can be a frustrating exercise with little if any reward.

It is unfortunate then to consider that in most situations wherein children are placed in foster homes, there is no attempt made to match the feelings, desires and intellect of foster parents with those of the foster child. In most instances foster families wait like balloons on a dart board to receive a foster child. The social worker albeit with good intentions but blindfolded nevertheless, throws darts at the board until a balloon is popped. That family then has the honor of accepting a new member to the family. Under the best circumstances this random matching will produce an adequate home for the foster child. Under the worst of situations mismatching of temperaments and expectations will be so severe as to cause further abuse or neglect to the foster child.

The Child Protection Team, a multidisciplinary group of professionals including pediatricians, psychiatrists, psychologists, social workers and attorneys, has had the experience over the last two years of evaluating pre-school age (5 years and younger) sexually abused children who had been placed in foster care in order to protect them from further trauma. In some instances it has been our observation that because little was know about the psychological makeup of the

*From: Chiaro, J., G.R. Marden, C.C. Haase, and B. Guedes. Mismatching of the Foster Parents and the Sexually Abused Preschool Child: Critical Factors. Paper presented at the 4th International Congress on Child Abuse and Neglect; Paris, France; September 1982. (Reprinted by Permission).

foster care family, these children were further psychologically, physically, or even sexually abused. In attempting to alleviate this situation, foster parents and child units were studied to identify those critical factors which would either improve or damage the ability of the foster parent to care for the abused child. The major factors identified include the parents psycho/social development, religious training, sexual development, and status of existing family relationships. In addition it became apparent that the foster parents' knowledge of normal and abnormal childhood development and behavior played a role in determining whether or not foster parents could minister to the sexually abused child.

This paper will explore more deeply the factors noted above, will present actual cases demonstrating mismatching of foster parents and children, and will propose a questionnaire which has been developed in order to better allow case workers to screen foster parents before placing sexually abused preschool children.

CRITICAL FACTORS

Knowledge of the psycho/social development of the foster parent is perhaps the key to properly matching foster parents with children. In the area of psycho/social development, perhaps no characteristic is more important than insight, the seemingly innate ability to understand one's own behavior. Although difficult to quantitate, those foster parents with insight are better able and more willing to understand and adjust to the behavior of the sexually abused child.

A second significant factor in the psycho/social development of the foster parent is the parent's native intelligence. Because of the vagaries of raising abused children, particularly those who have been sexually abused, those parents with above average intelligence and problem-solving ability are more inclined to adjust to and find solutions for problems related to the foster child.

A third salient feature of psycho/social development is the level of self-esteem of the foster parent. The parent with a good self-image has the capacity to more adequately give nurturing to the foster child. It is necessary to differentiate self-esteem from narcissism or self-love. Because the individual who is narcissistic looks to others for the satisfaction of his own needs, that person will make a very poor foster parent particularly for the sexually abused preschooler. The sexually abused child has been taken from a situation where an adult has used the child for his or her own selfish needs, and that child must certainly be protected from being thrust into a similar situation.

A fourth characteristic, one which is akin to self-esteem is that of ego identity. The foster parent with a healthy ego identity can typically recount specific areas of personal success and have

a confidence borne out of achievement. Again this individual is far more likely to be able to minister to the abused child rather than to have his own needs fulfilled.

Finally, it is observed that in those situations of significant mismatching between foster parent and child, there is an increase in the specific affective disorders often seen in emotionally maladjusted individuals. These parents are often laden with excessive amounts of guilt, anger, anxiety, dejection or apathy. Because foster parents with those problems may draw the foster child into their own disordered responses, and because these responses are in many cases taught to the child, the sexually abused child may be further damaged.

The second critical factor found to have an effect upon the foster parent - foster child relationship is that of previous religious training. Religious training impacts on the family structure in two major ways, discipline and sexuality. Regarding discipline, it is nearly always the desire of the foster parent with religious training to establish a system of punishment and reward for the foster child. In a healthy situation, there will be far more reward than punishment, and the object of the discipline will be for the appropriate training of the child. The consistency and love with which this training is applied will go far to reverse the instability the foster child is likely to be experiencing as a result of being moved from one family to another. In the unhealthy situation where discipline in effect equals punishment, the inclination of the foster parent may well be to literally "beat the devil out" of the child. To place a sexually abused child in that environment will be to trade one form of physical abuse for another.

Likewise, in the area of sexuality, where healthy religious training has imparted a sense of equality of the sexes, the child is allowed to observe healthy role models and relationships. On the other hand, if the religious training has imparted a sense of male superiority and dominance, then the sexually abused child, particularly the preschool female, will be reinforced in thinking that the proper function of the female is one of providing sexual satisfaction for the male.

The third critical factor, identified as being important in finding the appropriate foster parent for the sexually abused preschooler is that of the sexual development of the foster parent. Sexual fulfillment with all of its implications may well sum up the sexual development of a healthy foster parent. In the healthy foster parent marriage where each has a strong ego identity and sense of self-esteem, and where there is a mutually rewarding and satisfying sexual relationship, parents can be expected to provide the nurturing necessary for the sexually abused child. As noted above, this relationship also provides an excellent role model for the preschool age child. In the situation where there is little, if any, sexual fulfillment within the marriage and where expectations and needs of the

foster parents have not and are not being met, it is not surprising that situations may develop where a sexually abused child is again sexually abused within the foster home placement. In instances where the foster parents have had arrest of sexual development in an earlier stage (oral, anal, phallic, etc.) the parents may feel very uncomfortable with having to care for children in the same or perhaps more mature level of sexual development than they themselves have achieved.

The final critical factor which has been identified as being important in the foster family's care of a sexually abused child is that of existing relationships within the foster family. If the foster parents have, first of all, a sense of fulfillment and achievement in their own relationship, secondly, a sense of accomplishment in having borne and raised children successfully (even if by their own standards) and thirdly harbor no unresolved conflicts with their own natural parents, then it becomes much easier for the foster family to take on the added responsibility of a very seriously psychologically traumatized child. Should the healthy relationships noted above not exist in the prospective foster family, it can be expected that the addition of an individual with another set of problems will serve only to exacerbate the difficulties present in the foster family. Unfortunately, in many cases the foster child then becomes the scapegoat for the family, and often times the impression is left with the foster child and the social agency that the child has been the cause of the foster family's problems.

As noted earlier, it is appropriate that foster parents caring for sexually abused children have a capacity for being able to know and understand the features of both normal and abnormal development in the sexually abused preschool child. Specific areas which we feel the parents should comprehend include the normal psychomotor development or "milestones" of a child from birth to six years of age, the ever-evolving psychological development of the child over the same period of time, and the behavior which one would be expected to observe in the sexually abused preschool female.

Regarding normal motor milestones, the parents need a knowledge of speech and language formation and the use of the feet and hands for ambulation, exploration, dressing, manipulation. Very important is the knowledge parents have about appropriate expectations for bowel and bladder control.

In the area of psychological development, foster parents should know the normal developmental stages through which children proceed. We have found that when the foster parents understand that increase in aggression, resistance to discipline, temper tantrums, and ambivalence of feelings are normal behaviors of the preschool child then they are less likely to be threatened when these behaviors are observed. It is also appropriate that parents understand that value judgements and a sense of right and wrong begin to develop very early in the child, usually during

the anal stage. The foster parent then understands that he or she has the double role of helping the child "unlearn" some of the aberrant behavior acquired from the natural family, and then teaching appropriate behavior to the child.

Of extreme importance is the understanding that foster parents need understanding as the child develops through the phallic stage. We have had foster parents express shock and grave concern that four and five year old children are apparently receiving pleasurable sensation from autostimulation of the clitoris or penis. The parents have expressed to us that they felt that this was either a reliving of the abusive behavior through which the child had gone, or inherently psychologically destructive.

Finally, it is incumbent that foster parents understand the "typical", albeit abnormal behavior of the preschooler who has been sexually abused. These behaviors include sleep disorders with nightmares, enuresis and encopresis, excessive masturbatory activity, precocious sexual play including simulation of sexual intercourse, eating disorders, phobias (particularly for men and loud noises), lack of trust (particularly for adults and more especially for adult males), and generalized developmental delay or regression.

CASE STUDIES

Following are three case studies which demonstrate many of the aspects noted above.

I. POSITIVE OUTCOME OF PLACEMENT CHANGE

B.D., a six year seven month old caucasian male and T.D., his five year three month old sister were referred to the state agency for investigation of complaints of sexual abuse of both children by their stepfather. All attempts to interview the parents regarding these allegations were adamently denied by the parents who were hostile, uncooperative and verbally abusive. History of this family revealed five separate reports over the previous six years of severe physical abuse and neglect.

B.D. was examined by the county medical examiner who found evidence of repeated anal penetration. During a taped interview of B.D. and T.D. by law enforcement, both children gave explicit information indicating sexual abuse by their caretaker, the stepfather. Specifically, B.D. advised that he was anally penetrated by his stepfather on numerous occasions and forced to perform fellatio. T.D. stated that she was required, on at least one occasion to perform fellatio on her stepfather, in addition, both children reported that had witnessed the other being sexually abused.

The mother had stated, in earlier interviews to social workers on previous abuse investigations, that both children were unwanted. Clinical and psychological evidence supported her rejection of both children. This rejection was further intensified through B.D. and T.D.'s initial foster home placement as the foster parents rejected these children also due to their aberrent behavior. This behavior, of course, should have been expected in light of the history of ongoing severe neglect, physical and sexual abuse and rejection. Specifically, these behaviors being exhibited by B.D. and T.D. were as follows:

Following foster home placement the children demonstrated the following behavior (1) sexual acting out of previous abuse, (2) confusions of loyalty between foster mother and biological mother, (3) excessive lying and stealing, (4) withdrawal and depression progressing to regression to infantile stages, (5) manipulation for attention manifested as temper tantrums, defiance, stubbornness, and sarcasm, (6) overeating, (7) increased masturbatory activity, and (8) rejection of playmates. After five months in placement in the initial foster home it was discovered that the foster parents were rejecting these children. Rather than being able to understand the behavior exhibited by B.D. and T.D., the foster parents were encouraging and often causing the behavior.

The children were removed from the initial foster home and placed with foster parents experienced in dealing with sexually abused children. Within three months all of the bizarre behavior had been extinguished or greatly reduced.

II. ALLEGED SEXUAL ABUSE IN FOSTER HOME

N.K., a three year nine month old caucasian female and J.K., her 18 month old sister, were taken into custody by the state agency due to medical neglect, poor nutrition and lack of effective parenting. The natural family, made up of mother, father, N.K., J.K. and a brother, had moved to Florida from another state while under Court ordered supervision for neglect. On the date the children were taken into custody, the parents were in the process of leaving the area. J.K. was seriously ill and had to be hospitalized due to malnutrition. The parents left Florida on the same date this child was hospitalized.

The children were initially placed in a temporary shelter home for one month and then transferred into foster care. After placement in the foster home for three months, a complaint of sexual abuse was lodged against the foster father. Both girls were medically examined and J.K. was found to have bruising in the area of the anus. She became extremely fearful when a male pediatrician examined her but did not exhibit this fear while being changed by a female counselor. The child was essentially non-verbal and while developmentally delayed, did not demonstrate any other dysfunction of a sexually abused child. N.K., while not having any physical signs of sexual abuse, did display signs

of social maladjustment suggestive of sexual abuse. When interviewed, N.K. stated that she had been made to sleep with the foster father, had been bathed by him, and was very frightened of him. During the used of anatomically correct dolls, N.K. became very anxious about the male doll having his clothes off and asked to have him dressed. She became additionally anxious when asked if her father washed her where she went "pee-pee."

When the state agency investigated the allegation of sexual abuse toward these two foster children, it was learned that the foster parents' natural daughter had run away from home at the age of 16 due to paternal sexual abuse.

The children were placed in another foster home where N.K. was observed exhibiting the following behaviors: (1) diurnal and nocturnal enuresis (although previously bladder trained), (2) aggressiveness and violence toward her peers and sister, (3) tearing of bed sheets, destruction of toys, furniture and walls, (4) regression to thumb sucking and holding onto a security blanket, (5) interrupted sleep patterns, regularly awakening at the hours of 2:00 a.m., 4:00 a.m. and 6:00 a.m., (6) constant masturbatory activity and (7) enticement of her sister to fondle her between the legs while being bathed.

The new foster parents, who were supportive of the girls, became involved in seeking the kinds of training they would need to assist in facilitating treatment for these children. They expressed interest in knowing other kinds of behavior expected of the sexually abused child and desired to know appropriate responses to these behaviors.

III. CHILD RETURNED HOME DUE TO LACK OF SUITABLE PLACEMENT

J.N., a two year six month old caucasian female was brought to the attention of the Child Protection Team after a report was made that this child along with an 18 month old sister, and a five year old and seven year old brother were found at home alone by a policeman. The children were unkept and smelled of urine and feces.

During a routine physical examination the two girls were found to have irritation and redness of the vaginal area. While the younger child had only vulvovaginitis, J.N. was found to have vaginal trauma as evidenced by brusing and gross disruption of the hymen. It was felt that she had been sexually abused.

The family history obtained from the mother indicated that the mother was sexually abused by her stepfather at the age of three and again as an adolescent. J.N. was known to have been left alone with this male relative and molested by him. She had also been molested by several of the mother's boyfriends, members of a local motorcycle gang. Upon placement, J.N. was evaluated psychologically and found to have serious developmental delays in language and motor skills, evidence of severe emotional

disturbance and psychological trauma. She was observed to be a very withdrawn, non-verbal child who exhibited hostility toward male figures by grabbing their genitalia or being seductive toward them. J.N. would act out aggressively in play with dolls by hitting and biting them and then would simulate sexual intercourse with them.

When trying to decipher why this child was not responding well in treatment, it was discovered that the foster parents with whom the child had been placed were having extreme difficulties in dealing with the child's behavior. There appeared to be little understanding by these foster parents of J.N.'s dysfunctional socialization skills and overt sexual acts. The foster father felt he should not be an active role model for the child and in fact showed no open signs of love for J.N. for fear of being accused of being sexually abusive toward her. Neither parent would give J.N. feelings of warmth due to not wanting to elicit any sexual overtones in their relationship with this child. The child's mastubatory behavior was restricted on an authoritarian basis rather than using alternative means of activity because the parents could not accept this dysfunction. The child was finally totally rejected by these foster parents.

Due to the inability of the social agency to find a appropriate foster home for this child, it was decided that it would be in her best interests to return her back to her own home with close supervision by the social agency.

CONCLUSION

As has been demonstrated, the difficulties associated with placing sexually abused preschool children in foster care and the mismatching that can occur when improper placement is made, can lead to disturbing consequences for the child above and beyond those normally experienced. The unfortunate and unacceptable result in some instances of foster care placement is that of removing a child from a bad situation to place him or her in a worse situation. It seems appropriate then that unless social service agencies can ascertain that they are indeed making the child's environment a better place in which to live, they should heed the admonition of "first do no harm."

Many would cite the major problems in matching foster parents and children as ones of too few foster parents and too few social workers. It would appear, however, that a more serious difficulty is that the foster parents which are available are being improperly used, and social workers do not have adequate tools with which to screen potential foster parents.

The Child Protection Team has developed a program of education and support for foster parents working with sexually abused preschool children. This program will be described in a subsequent manuscript.

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Endnote:

A screening tool has been developed by the authors, to select foster parents for sexually abused children. It is a 100 item questionnaire dealing with child development, issues of sexuality discipline, family relationships, etc.

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APPENDIX J

TALKING WITH FOSTER PARENTS ABOUT SEXUAL ABUSE: AN INTERVIEW FORMAT

Many social workers find it difficult to discuss matters of human sexuality with foster parents during the placement process, or with potential foster parents during the licensing and home study period. Perhaps it is because of strong societal and parental injunctions that it is "not nice" to "pry" into peoples personal lives, and that sexuality is shameful or the subject of jokes. However, if we are to adequately protect children in family foster care, we must overcome our inhibitions and learn to talk openly about sexuality with foster parents.

It is important that we provide clear messages about protecting children in care from sexual exploitation. We also need to allow foster parents the opportunity to assess their own capacities to manage their homes so as to provide nurture for the child in care, and protect their own family from the risk of allegations and a complaint investigation.

The following series of interview topics has been structured so as to move from the general to the specific, and from the societal level to the personal level. The issues may be addressed over time, during the course of several homestudy visits. It is best to space the content and avoid trying to cover it all at once.

General

Have you been reading in the newspapers or watching programs on T.V. about sexual abuse of children?

Many of the children we place in foster care have been sexually abused. How do you feel about children who have been sexually abused?

What are your thoughts about adults who molest children? About adults who become involved with their own children?

(If foster parents either deny the existence of sexual abuse, or feel extreme revulsion, shock and abhorrence they may have difficulty working with sexually abused children, or their families. While it is normal to experience a variety of visceral reactions to the to the topic, an anxious overreaction is a red flag.)

Are you aware that 1 out of every 4 women and 1 out of every 8 men have been sexually exploited as children? How does that strike you?

The Child Victim

There are behaviors we see sometimes in sexually abused children that can be disturbing. How would you handle it if the child:

used mature, explicit terminology such as "fuck" or "cocksucker"?

masturbates while watching television?

walks around nude or partially clothed?

is "too affectionate" with your spouse?

These things don't happen all the time, of course, but we can't always predict how a child will act in a foster home. How would you feel if these behaviors occurred? What might your feelings be? What might you do?

(If foster parents overreact, a child exhibiting these behaviors might be at risk in the home. We are looking for foster parents who have an open mind, and could benefit from training.)

The Foster Family

What rules do you have in your family about privacy and modesty?

How did you teach your children about the facts of life?

What kinds of things have you told your children to protect them from being molested?

Are you a "touching" family? What sort of rules or values have you told your children about touching?

What are some important values or rules about sex you have told your children?

The Marriage

You may want to talk these things over with each other, and get back to me after you've had some time to think about our conversation. You know, fostering can put a lot of stress on a marriage. You may have less time for each other, or more pressures to cope with. You don't need to tell me your answers, just think about them together.

Do you think you have enough time as a couple to get away from the kids?

What kinds of things do you like to do together?

Can you tell each other when you want or need something?

What might you do together if you had more time or money?

Are your needs for warmth and closeness being met by each other? How well?

Are there other people you can turn to for friendship, support?

How do you make time, as a couple, to be alone with each other and be intimate?

How do you let the kids know when you want privacy together?

How satisfied are you with the warmth and intimacy from your spouse?

Do you ever feel jealous? What things trigger jealousy?

You may want to talk these things over before next week.

The Parents as Individuals

We're all affected by our past experiences. Sometimes something a foster child does may trigger uncomfortable or painful memories in us.

I'm going to suggest several things for you to think about before we get back together next week. We could talk about it then, or if you wanted to call we could talk on the phone individually.

Since so many of the children we place have been physically or sexually abused, it's important for you to be aware of your own experience. Sometimes when painful things happen to us as children, we block or suppress the memory. So its important to give yourself time to think about these things.

Do you have a hard time talking about sex? Was it a taboo in your house?

(to wife) So many women have as children seen a flasher, have received obscene phone calls, or have been fondled by a "funny" uncle or neighbor. Do you remember having any experiences of being sexually exploited in this manner? Do you remember what was the effect on you?

(to husband) These incidents have happened to a lot of boys too. Do you recall experiences where a man, or woman or an older child made advances or took some kind of liberties with you? What were your reactions?

Have either of you been heavily disciplined as children or physically abused? How do you feel about it now?

These are serious things to think about. If you have had some difficult experiences as children it may make it painful for you to take care of foster children who have been abused.

(Be prepared to provide a referral if one of the foster parents calls in privately to say that he or she was sexually abused. If a foster parent has been sexually abused as a child it need not automatically disqualify the person from fostering. Some of the issues to be considered are the severity and duration of the incidents, coping mechanisms used to handle the situation; whether or not professional help has been sought; degree of self-blame; degree of identification with perpetrator; and the current stage of psychosexual development.) There are no hard and fast guidelines. Each situation should be fully assessed.

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